

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

21 September 1996

PRS promotes Scrip Manager to GPs

DoH to legislate in new year on patient packs

Needle exchange in Aberdeen under threat

FIP Congress urged to fight the good fight

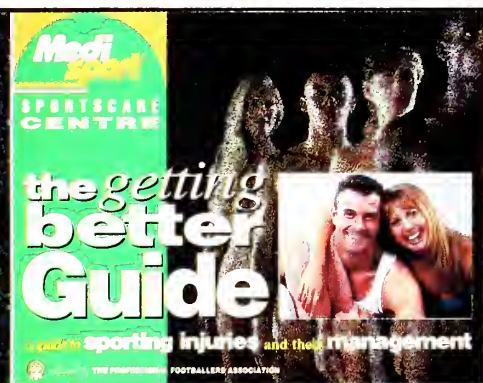
**Update:
helping out
with eating
disorders**



BPC Glasgow: CPG's 'gatekeeper' initiative

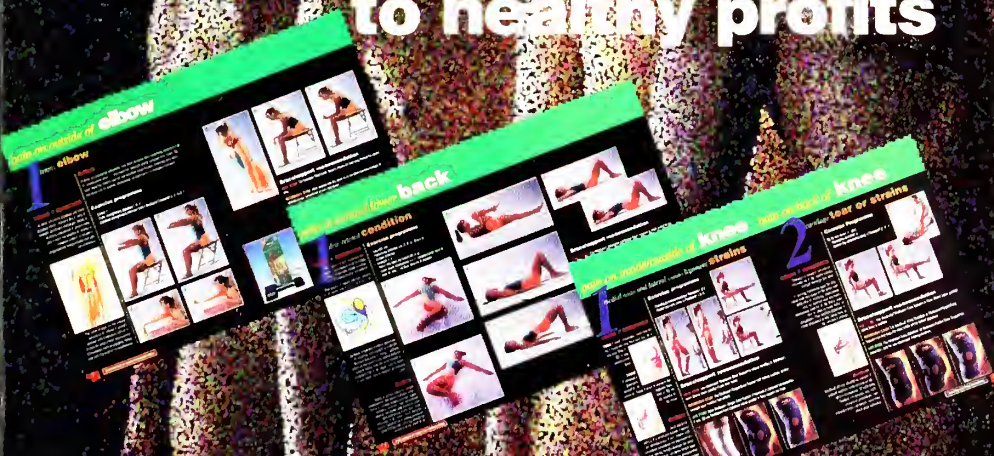
Boots' profit margins 'are the best' at 8.5pc

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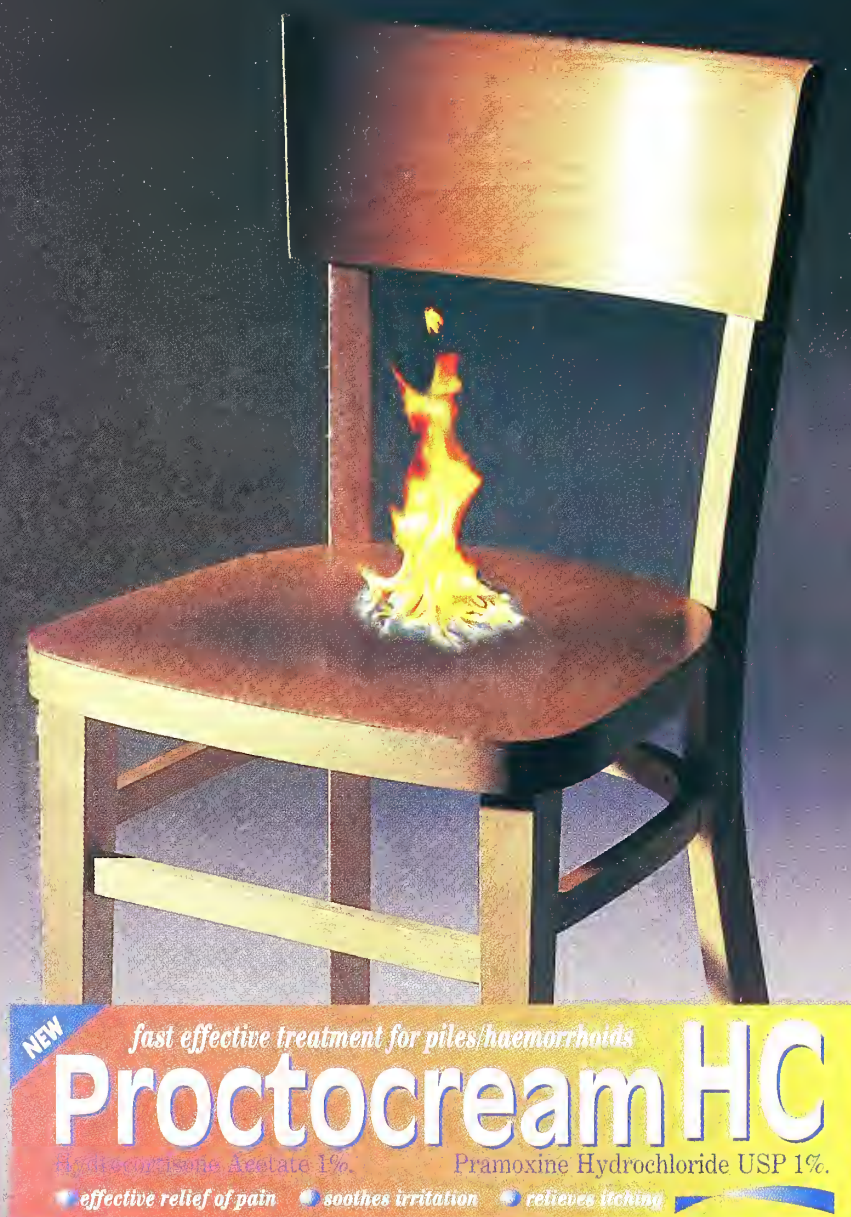
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News has reached *C&D* from a number of concerned sources this week about a new computer package being promoted to GPs that could revolutionise the way pre-scriptions are dispensed. Scrip Manager will bind GPs and pharmacists together in a way that has been technologically possible for some time, but within a framework which at the moment perhaps raises more questions than it answers. GPs get the system for nothing, but the average pharmacy, *C&D* understands, can expect to pay an annual subscription of £1,000, plus a volume-related charge of around £2,500. Covering such a charge will add a new dimension to relationships between surgery, patient and pharmacy concerning the way repeat prescriptions (which make up the majority of those written) are handled. There are serious ethical questions concerning the direction of scripts to be addressed, but no doubt PRS has taken advice from the Royal Pharmaceutical Society to ensure its package complies with the requirements of the Code of Ethics. The system has yet to be fully-launched, so many of the questions which arise will hopefully be answered in the weeks ahead.

Pharmacists will take note of the cautious reception the system has received so far from Boots, which will have carefully evaluated the benefits of the package, and from PSNC, which is clearly concerned with where widespread use of such a system may take contractors. However, PRS chairman Maurice Leaman is right when he says that the system could mean pharmacists will no longer be an 'electronic island'. It is sad, though, that a system which could link pharmacists into the NHS Net will have to be funded from contractors' overstretched pockets. The existence of such a system must be music to the ears of the money-men at the Department of Health.

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Unease over new script software

A new computer system being promoted to GPs looks set to cause a stir. Called Scrip Manager, it offers doctors the facility to automatically generate repeat prescriptions and 'post' them electronically to pharmacies subscribing to the system.

It comes from Iliq Wycombe-based Practice Resource Systems, chaired by pharmacist Maurice Leaman, and is also being marketed by VAMP representatives (VAMP is a GP practice system used by around 2,000 surgeries).

GP practices joining the scheme are being offered a Pentium PC, a communications package and Scrip Manager software at no cost. Pharmacies will have to pay for access to Healthlink, the electronic mailbox which will 'collect' repeat prescriptions from surgeries.

Mr Leaman says the company has not yet determined how the system will be charged for, as it is still being tested. Scrip Manager is currently being trialled in at least two independent pharmacies.

Boots the Chemists has firmly denied rumours that it is buying the package. Company spokeswoman Sharon Buckle says: "Boots has not bought into this system. We are aware of its exist-

tence. However, there is a number of issues which this initiative raises and these require further consideration."

The system was presented to the Pharmaceutical Services Negotiating Committee on Tuesday. Secretary Steve Axon says: "PSNC is very concerned about certain aspects of the proposals, especially the differential treatment of pharmacists and GPs, and the considerable cost to pharmacies."

"The general philosophy behind the arrangement also was a matter of concern to the Committee, which has asked for further detailed information."

A presentation to the National Pharmaceutical Association is also planned before the system is officially launched to pharmacists in the next fortnight.

Concerns have been raised that it will infringe the Royal Pharmaceutical Society's guidance on the direction of prescriptions, and cut non-participating pharmacies out of the running for repeat scripts.

There are also fears that, if taken up by large groups, it will open the way to closed-door 'prescription factory' pharmacies, and possibly direct home deliv-

ery of prescription items.

Mr Leaman insists these fears are misplaced. "Clearly, as a pharmacist, I would not go down a road which ends in breaking the Code of Ethics."

A spokeswoman from the RPSGB's law department says the Society will not obstruct progress, but technological developments cannot be allowed to override patient choice.

"Any link-up between surgeries and pharmacies would have to comply with the Code of Ethics generally," she says.

Specifically, the operators would have to ensure that:

- patients continue to be offered the same choice (of pharmacies) to get their prescriptions dispensed as before
- there was no restriction or direction of prescriptions
- any pharmacy would be able to participate in the system on an equal footing to others.

Scrip Manager enables GPs to store data about pharmacy services for both practice and patient use. It also offers a 24-hour Freefone advice line linking patients to pharmacists with the system. Drug information pharmacists are also available 24 hours a day to advise doctors.

Repeat script requests are generated automatically when they are due, which PRS claims saves practice staff searching records. All that day's repeat items can be printed out together.

Scripts for a particular pharmacy are labelled for easy collation, ready for collection. All scripts are bar coded for identification, and encrypted to ensure patient confidentiality is maintained during data transfer to the receiving pharmacy.

The software flags any unusual dosage regimens or potential interactions and can provide the practice with prescribing data by therapeutic and disease area.

Coventry GP Dr George Paige, who has been approached by PRS about the system, says it "sounded as if it could be expensive in PACT terms as not all patients need repeat prescriptions".

He was also concerned about the impact it might have on local pharmacies which do not choose to use Scrip Manager if it is taken up widely elsewhere.

Mr Leaman says it offers pharmacists many opportunities. "It will mean that pharmacists are no longer an electronic island. It means they can be a fuller part of the primary care team."



Scottish pharmacists bade farewell to Dr Gordon Jefferson, their retiring secretary, at an evening reception at York Place, Edinburgh, on September 5. About 50 people attended the event. Elizabeth Roddick (right), chairman of the Scottish Executive, presents Dr Jefferson with a substantial cheque and his wife, Margaret, with a bouquet. Dr Jefferson moved to the Scottish Department when the school of pharmacy at Heriott Watt University closed down

One-stop care shop needed

There is a need for a one-stop shop in primary care, accessible to patients 18 hours a day, believes Simon Hughes MP, the Liberal Democrat spokesman on health.

He envisaged surgeries that accommodated pharmacists, nurses, chiropodists, psychiatrists and other healthcare professionals, as well as GPs. Patients would be told whether they needed to see a doctor, a nurse or a pharma-

cist and would have easy access to advice lines. Pharmacists could give advice about medicines in specially-designated quiet consultation areas.

Mr Hughes told the Medical Journalists' Association/Ciba Symposium that the NHS needed to be bolder about going down the primary care route. "Let's go down this road enthusiastically and educate the public about what's available," he said.

Teenagers get their kicks on OTC drugs

Young people are becoming "hooked on drugs", which until recently were available only on prescription, an article in *The Observer* claims.

"Teenagers are mixing dangerous cocktails of OTC drugs from chemist's shops with cans of extra-strong lager to achieve a buzz equivalent to drinking £30 of alcohol," the article says. Antihistamines are used, as they are "disinhibiting and relaxing, an effect which is magnified when combined with alcohol".

Nytol and Medinex are mentioned by name, and Paramol 118 is described as the number one alternative for heroin addicts when they do not have access to their drug of choice.

A Royal Pharmaceutical Society spokeswoman is quoted as explaining how pharmacists supervise medicine sales and that they can refuse a sale if they suspect it is being abused.

A spokeswoman for Stafford-Miller told *C&D* it had had very few reports of Nytol abuse.

Fraud Unit widens

The Prescription Pricing Authority has published details of how the recently-established Fraud Investigation Unit will deal with inquiries into claims of fraud by contractors. The Unit will also carry out more checks on patient entitlement to free prescriptions.

In investigating allegations against contractors, it will provide assistance to health authorities and the police, as the PPA did in the past. But the FIU has an extended role, in that health authorities can now delegate inquiries to it if they wish.

The Unit has trained investigators who can handle allegations of malpractice from initial identification to a point where a decision is needed on further action. They will have access to health authority records and can interview those concerned if it is felt necessary.

If cases have to be referred, the FIU will prepare reports for the health authority in a form acceptable to the police and Crown Prosecution Service. FIU staff will also be available to provide expert information at interviews and in court.



For further coverage on this year's BPC Conference, see pp397-402

Patience required for packs

Health minister Gerald Malone has advised pharmaceutical manufacturers that the dispensing and reimbursement arrangements that will make the industry's patient pack initiative effective for patients cannot be phased in until February or March next year.

In a letter to the Association of the British Pharmaceutical Industry, Mr Malone re-affirmed the Government's commitment to patient packs, acknowledging that they were key to the delivery

of information to patients as required by EC directives.

Officials will be in touch with professional groups to brief them on what lies ahead, the minister said.

This was welcome news to the Pharmaceutical Services Negotiating Committee. Secretary Steve Axon knew nothing of the minister's proposals on Tuesday. PSNC wrote to all those concerned only a short while ago, expressing its worry over the lack of progress.

Welcoming the minister's statement, the ABPI's commercial affairs director, Frances Charlsworth, says: "The industry has been producing medicines in accordance with the original phasing of the patient pack programme since the beginning of the year.

"But there is no doubt that the problems over introducing the necessary administrative procedures are continuing to cause delays in these packs reaching the patient."

CPP certificates from Counterpart

The first 123 medicine counter assistants to be awarded College of Pharmacy Practice certificates have had them forwarded by course provider **Chemist & Druggist**.

The assistants were from the first batch of 176 to have completed **C&D's Cambridge Counterpart**, sponsored by **Whitehall Laboratories**, who were signed off by their pharmacists as ready to practise. Those pharmacists who did not return paperwork by the August 31 deadline to say that their assistants had completed course case studies and have satisfactory communication skills have until September 30 to do so – the new signing-off deadline for assistants successfully passing all Counterpart modules by the end of August.

Faced with terror campaign...

Edinburgh pharmacist James Brunton faces jail after illegally supplying £30,000 of prescription drugs from his pharmacy.

The 49-year-old pharmacist claims the drugs were handed over after a terror campaign conducted by a drug addict.

Police visited his premises in Carrick Knowe after a tip-off and discovered large amounts of analgesics and hypnotics were missing. Detectives compared stock against prescriptions filled and found 13,000 dihydrocodeine and 33,000 diazepam tablets unaccounted for.

At a hearing at Edinburgh Sheriff Court on September 3, Mr Brunton of Edinburgh admitted illegally giving the drugs to addict Neil Sherret between January, 1995, and May this year.

The court heard that Mr Brunton had told police that Mr Sherret had waged a two-year campaign of intimidation. The drugs, worth £30,000 on the street, were

handed over in exchange for just \$250.

Mr Brunton also admitted giving Mr Sherret heroin and diazepam in his shop on May 10.

Mr Sherret, 36, formerly of Edinburgh, was jailed for six months after being caught in possession of 3.9g of heroin. He denied having threatened Mr Brunton.

Sentence was deferred until September 21 for background and community service reports. But Sheriff James Farrell warned: "You must bear in mind the prospect of a prison sentence."

● Aberdeen pharmacist Alan Findlay was fined \$1,500 in Aberdeen last month after illegally supplying addicts with drugs.

The Royal Pharmaceutical Society has urged pharmacists facing intimidation to seek help. "There is advice and support available to pharmacists facing security problems and we would urge them to contact us."

Out of business

Local community pharmacies are unlikely to be affected by the expected closure of the Anglian Harbours Trust, which runs five small hospitals. The Trust's two main customers, Suffolk and East Norfolk Health Authorities, are taking their business elsewhere as they claim management costs are too high. It will be the first time in the five-year history of the NHS market that a health service trust is forced out of business.

Open verdict

A 38-year-old pharmacist who had suffered bouts of mental illness, dived in front of a London tube train at Wembley Park station, an inquest heard last week. Sharrad Patel of Wembley died instantly from multiple injuries as he collided with a Metropolitan Line train in front of horrified passengers on June 12, Hornsey Coroners Court heard. Mr Patel had suffered from paranoid psychosis since 1988. The jury returned an open verdict.

FIP in triplicate

A policy recommending that pharmacists should be able to refer patients to doctors has been adopted by the FIP. It would like a referral form in triplicate to be used: one copy for the patient to hand to the prescriber, one to be kept by the patient and one for the pharmacist. A policy document is to be sent to FIP members, including the RPSGB.

Diet issues

The use of anti-obesity drugs has been criticised by Tariq Muhammad of Bristol-based Pharmacy Plus and HTV in a recently broadcast news programme. The feature condemned the use of decongestants and diuretic drugs by private diet clinics in the South West. The news article highlighted the case of a patient attending the clinic who was prescribed diuretics, decongestants and multivitamins to help her lose weight.

Animal test fees

Fees for animal test certificates changed under regulations that came into effect on September 13. Two new fees of £600 and £250 are set for different types of application for the granting of a certificate. Before there was a single fee of £4,400. There are new fees of £200 for variations of certificates (previously from £110 to £1,150) and £90 for renewal (formerly £525). The changes are made under the Medicines (Products for Animal Use – Fees) (Amendment) Regulations 1996 (SI No 2196; HMSO, £1.10).

Needle exchange threatened

Aberdeen pharmacists have told Grampian Health Board that they will withdraw from a needle exchange scheme on September 30 unless more money is found.

They say that the soaring drugs problem and rise in the numbers of scheme users is affecting their businesses due to shoplifting and customer intimidation.

Three of the eight shops operating the scheme each see 1,500 needles exchanged per week. Pharmacies receive a payment of

£2 per day for participating.

"We are not looking to make a profit, just to break even. We are trying to recompense our losses," says Garry McDonald of Moss Chemists, which collects four dust bin-sized sharps containers of needles each week.

"We appreciate that the Health Board's hands are tied because money comes from the Scottish Office," he says and adds that the HB has been sympathetic. It has offered \$650 to each pharmacy, but

this was rejected on the grounds that it was a one-off payment.

"We are looking for a tiered structure or a per capita fee, but the Health Board is not interested in this because its finance is tied," says Mr McDonald. He believes the situation will not improve when local negotiations start next year.

A spokesman for Grampian HB says that it is continuing negotiations and hopes to come to a satisfactory agreement.

Lothian Health education scheme rolls into third year

The community pharmacist training programme, run by the pharmacist facilitators for Lothian Health, has just complete its second year.

A further eight pharmacists have joined the eight from last year's programme in obtaining accreditation to Primary Care, Lothian Health, for providing prescribing advice services to two of their local practices.

Each pharmacist made six GP practice visits during a nine-month period and a payment of £50 was made for each visit. Topics discussed at the meetings included *H. pylori* eradication therapy, modified-release preparations and NSAIDs, and the management of gastric side-effects.

The aims of the training programme are:

- to increase the provision of independent drug information to GPs
- to improve liaison between GPs and community pharmacists
- to develop the role of pharmacists in the primary care team.

An evaluation of the training programme shows that 82 per cent of GPs want the pharmacist visits to continue. General drug information and information on new drugs were identified by doctors as being more useful than formulary development and SPA analysis.

Lothian Health has agreed to fund the training programme for a third year and a further five community pharmacists are about to embark on the training.

Powys' initiative aims to help people change

Powys pharmacists are being trained to provide healthcare information more effectively in a 'Helping people change' initiative.

Pharmacists will assess the needs of patients in reducing lifestyle risk factors associated with heart attacks and strokes, such as smoking, exercise and diet. They will then offer information appropriate to the patient's commitment to improving their lifestyle.

Six pharmacists completed a

pilot scheme in June comprising a one-day training course with a follow-up evening. It was funded by Powys Health Care Trust health promotion unit and Dyfed/Powys Health Authority.

The scheme is being modified to allow the remaining 12 Powys community pharmacists to attend the course by next spring.

"This course has been designed to equip pharmacists with the skills to promote health and to use resources in a positive

way with their customers," says Handel Waters, head of pharmacy advice for DPHA.

A similar course for GPs is being run, which some pharmacists are attending, with extra emphasis on the pharmacy module. A pharmacy assistant has also attended one of these courses, as it is felt that a team approach to the patient is needed. Other assistants may receive training later in the scheme.

Domiciliary services guide published

A guide for pharmacists on providing domiciliary care has been published by the Primary Care Support Force.

Written by pharmacists representing 11 local pharmaceutical committees in London, Essex and Hertfordshire, the guide has been sent out this week to all LPCs and health authorities. It is seen as a complement to the

Royal Pharmaceutical Society's resource pack, 'Marketing community pharmacy to health authorities and health boards'.

The book discusses the benefits, structure, planning and marketing of domiciliary pharmacy services. It also provides model forms for assessing patients' needs and for auditing a service.

John Stanley, chairman of the

LPC group, says the guide was produced after a series of meetings between the LPCs and Enfield & Haringey Health Authority.

"Perhaps this is one of the first examples of LPCs and HAs working together across a wide area," he says.

He believes that LPCs will find the book a useful tool for negotiating with HAs.

London pharmacist admits to drug trafficking in temazepam

The biggest-ever haul of temazepam capsules, headed for the Scottish drug market where it is heavily abused, was intercepted by the Metropolitan Police when offered for sale to an undercover officer.

At Isleworth Crown Court, pharmacist Yodendra Patel, Bayswater, London, admitted offering to supply the drugs to an undercover police officer, on October 3 last year, and was remanded for sentencing.

His co-defendant, businessman Varsillious Petrou, also of Bayswater, denied the same charge and was found guilty by the jury.

The two million capsules were to change hands for \$300,000, but would have fetched as much as

\$8 million on the black market.

Prosecutor Martin Lahiffe told the jury the only way the prescription drug could be obtained in such quantity was if it was for export, and this was the method used by the two defendants.

"Having acquired the temazepam legitimately, the defendants effected to divert the supply to a drug dealer," said Mr Lahiffe.

The drugs were bought by the two men from Lagap Pharmaceuticals in Hampshire for \$46,000, supposedly for export to Romania. "But it was never their intention to export the capsules," said Mr Lahiffe.

They were delivered to an industrial estate in Feltham where Mr Patel, Mr Petrou and

the undercover officer were waiting to do the deal.

But the policeman was part of 'Operation Gremlin', run by the South East Regional Crime Squad, and the two men were arrested. In taped conversation between Mr Patel and the officer, Mr Patel made it clear he knew where the drugs were going.

An officer explained that the plastic coating on the drug capsules could reconstitute after melting and cause blocked arteries and death. It is known that 88 people died in Scotland last year from abuse of the drug.

Mr Petrou, who had arranged the necessary banker's draft, claimed he thought the capsules were for export. But, he added, he had suspicions about Mr Patel

and should have called the police.

Both men, who face a financial investigation under the Drugs Trafficking Offences Act before sentence, are said to be heavy gamblers.

An officer said Mr Patel who, the court heard, has been involved in at least three consignments, had little to show for his activities. "He lives with his girlfriend in an expensive mansion flat, which is paid for on the social and spends every penny gambling. He doesn't run a car."

The case against Mr Patel, who handed over his chain of 12 pharmacies to his brother, will be opened when he appears for sentence. Both men have been bailed and warned to expect custodial sentences.

NW Lancashire HA promotes access to pharmacy services

North West Lancashire Health Authority aims to ensure the local population has access to high-quality community pharmacy services and to promote efficient prescribing and dispensing practices.

High on the list of priorities is that 95 per cent of the population should live within 5km of a community pharmacy and that there should be a pharmacy within at least 1km of 95 per cent of GP surgeries. In general, the current distribution "is appropriate to the community's needs".

The authority, in a 'direction statement' to members, explains that pharmacists can play a leading role in health promotion, advising GPs on cost-effective prescribing and supporting patients at home or in residential or nursing homes.

LPC secretary Frank McKandlish told *C&D* that the statement was a "nice wish list" but no funding had yet been offered for additional services.

Supplements group set up to lobby EU on high-strength VMS

Consumers for Health Choice, an international alliance of dietary supplements bodies and manufacturers, has been launched to fight against the forthcoming EU directive restricting the sale of high-strength vitamins and minerals.

The group is campaigning against legislation which is looking to reclassify high-strength dietary supplements – anything above 1.5 times the RDA – as pharmaceutical products. This would mean a maximum dose for vitamin C of 100mg and 3mg for vitamin B6. The directive has been on ice since 1992, but is due for a review shortly.

Consumers for Health Choice says the directive is not based on scientific evidence and would restrict consumer choice. Manufacturers would not be able to afford medicines licensing fees, says chairman Harry Masterton-Smith. "Manufacturers will simply stop making those products, thus depriving millions of consumers of valuable products with an excellent safety record."

The group's long-term intention is to provide reliable and accurate information about EU plans likely to adversely affect the rights of consumers to purchase dietary supplements.

Spooning out the desired effect

I have not completely given up the unequal struggle of recommending liquid cod liver oil for the heart and painful joints, rather than the convenient but ineffective one a day capsule, but I sometimes feel I am a lonely voice of reason.

However, last Tuesday my resolve was strengthened after listening to an interview on Radio 2 by John Dunn with Dr Ray Rice, chief executive of the Fish Foundation.

On the subject of the health benefits of cod liver oil, Dr Rice was unequivocal, stating that whereas vitamins A and D are good for general health, it is the Omega 3 fatty acids present in the oil that are necessary for helping the heart and painful joints, and that the amount of oil present in one a day capsules is just not enough for this purpose.

The interview was music to my ears and has vindicated my long resistance to the dreaded capsule. Would that I had recorded it on tape to give away as a freebie to all those insistent customers, disappointed with the effects of the cod liver oil capsules, refusing to take that magic 10ml of the genuine article!

Take a look and see how others do it

One advantage of holidays is that they always provide me with the chance to see how pharmacy is practised elsewhere and, despite the protestations of the whole family, I often find that a half-day nosing around other pharmacies can be particularly stimulating. This year was no exception, except that this time, when I chanced upon a new superstore, it was also disturbing.

Here was a pharmacy multiple in the self-proclaimed

Topical Reflections



Where 50pc POR is a gift

Despite the warmth of the last of the summer sunshine, Christmas is just around the corner, and with it the opportunity to indulge in unashamed commercialism. For just a few brief weeks I can put the professional problems of pharmacy to one side and concentrate on pleasing the bank manager.

But before I can sell my gifts I have to buy them, so this year I decided to broaden my horizons and go to the autumn gift fair in Birmingham. What an amazing exhibition, absolutely huge, an experience in itself – and all that before the confusion of trying to actually buy for a small independent pharmacy!

However, I persevered and feel that I managed to find quite a good range of reasonably priced gifts, but as a bonus I also enjoyed the freedom to discuss profit without feeling guilty. All the gifts I have bought were recommended to sell at a price designed to achieve at least 50 per cent profit on return. These are unheard of margins for most traditional pharmacy lines, but are the levels that were universally accepted by everyone I talked to in Birmingham as the minimum necessary for any retail business to thrive.

For too long pharmacy has accepted ever-lower margins in order to compete head-on with the supermarkets, but a little tangential thinking and a range of goods that will achieve good profits without making the shop look like a market could make for a successful commercial compromise.

forefront of community pharmacy development and there were all the GSL medicines on mass display with only an apologetic attempt made to indicate that they were any different from the mass of other merchandise seductively displayed around the store.

With the move towards deregulating medicines to GSL status, comprehensive displays of medicines can now be achieved, which enable customers to make self-service purchases without ever having to even acknowledge the presence of a pharmacist or trained medicines assistant. To some this is the future for the retailing of medicines, but to me it is one of the biggest obstacles to professional advancement.

How am I to convince the public that medicines are not 'ordinary items of commerce', and that the pharmacist is a health professional in the High Street, when medicines are marketed by multiple 'pharmacies' with no more professionalism than that required for baked beans in the second aisle!

Puregon: recombinant FSH launched

Organon Laboratories has introduced Puregon (follitropin-beta), a potent genetically-engineered, follicle-stimulating hormone for infertility.

The pure hormone is mass-produced by recombinant DNA technology and is more potent, requiring lower total dosages and shorter treatment periods. It is also more easily administered, subcutaneously as opposed to intramuscularly. In practice, patients can administer treatment at

home avoiding frequent visits to the fertility clinic. The drug is also expected to eliminate the supply problem that is associated with the natural, urine-derived FSH.

Puregon has also been shown to increase pregnancy rates by up to 25 per cent in *in vitro* fertilisation compared with traditional gonadotrophins. In the world's largest randomised prospective study on IVF, women on Puregon produced an average 20 per cent more eggs for collection than urinary FSH.

Due to supply problems with Organon's Humegon, Puregon is expected to gradually replace the urinary-derived version.

Puregon consists of a freeze-dried powder, containing recombinant follicle-stimulating hormone (follitropin-beta) in lyophilised spheres, and a solvent (1ml saline 0.45 per cent) for reconstitution. It comes in 50iu

and 100iu ampoules in two pack sizes: 50iu x 1, NHS price \$21.10; 50iu x 5, \$105.50; 100iu x 1, \$42.20; 100iu x 5, \$211.

Indications: female infertility – in anovulation (including polycystic ovarian disease) in the absence of a response to clomiphene citrate; and also in medically-assisted reproduction programmes.

Dosage: this should be adjusted individually depending on ovarian response. Treatment regimens for anovulation and controlled ovarian hyperstimulation are outlined in the 'Summary of Product Characteristics'.

Administration: Puregon should be reconstituted with solvent provided. Vigorous shaking should be avoided. The reconstituted solution should be administered immediately and slowly intramuscularly or subcutaneously. The subcutaneous injection site should be alternated to prevent

lipoatrophy. Self-administration of Puregon can be performed by adequately-trained patients.

Contra-indications and special warnings: again see 'Summary of Product Characteristics'. Must not be used in pregnancy or lactation.

Interactions: concomitant use of Puregon and clomiphene citrate may enhance the follicular response. After pituitary desensitisation induced by a gonadotrophin releasing hormone agonist, a higher dose of Puregon may be necessary to achieve adequate response.

Undesirable effects: unwanted ovarian hyperstimulation has been observed in 5 per cent of subjects treated with Puregon. Irritation at injection site may occur. A slightly increased risk of ectopic pregnancy and multiple pregnancies has been seen.

Organon Laboratories Ltd.
Tel: 01223 423445.

Morcap SR launched

Sanofi Winthrop has launched Morcap SR capsules, a once a day oral sustained release formulation of morphine sulphate. The drug is available in three strengths and two pack sizes: 20mg (30 capsules, basic NHS price £5.71; 60, £11.42); 50mg (30, £13.84; 60, £27.68); and 100mg (30, £27.68; 60, £55.37). The capsules contain the drug in pellet form, which means they can be sprinkled on food in case of swallowing difficulties.

Sanofi Winthrop Ltd.
Tel: 01483 505515.

Prozac 'informative' packs

Dista has repackaged Prozac with on-pack advice to patients starting treatment. This stresses the need to complete treatment; points out that several months' treatment may be needed to achieve the best results; and allays fears over addiction.

Dista Products Ltd.
Tel: 01256 52011.

Nordox discontinued

Panpharma has discontinued Nordox (doxycycline 100mg) due to market conditions. Stock will be available until December.

Panpharma Ltd.
Tel: 01494 766866.

Lederspan Injection

Supply of Lederspan (triamcinolone hexacetonide) Injection has been affected by raw material shortages. Lederspan 20mg/ml x 5ml vials is out of stock and there are only limited supplies of the 1ml vials. Lederspan 5mg/ml x 5ml is expected to be affected later in the year.

Wyeth Laboratories.
Tel: 01628 604377.

MEDICAL MATTERS

Call for infant vaccination for hepatitis B

A consensus panel of the UK's leading virologists has called for the introduction of a universal policy for the vaccination of children against hepatitis B.

The call follows recommendations made by the World Health Organisation that all countries integrate hepatitis B vaccination into their national immunisation programmes by 1997. Although 75 countries worldwide have already implemented the WHO policy, the UK has no plans to do so, despite an increase in the number of high-risk and medium-risk individuals in this country.

The consensus wants recommendations and resources to be

directed immediately towards at-risk new-borns. A programme of universal immunisation of infants, incorporating hepatitis B vaccine into existing childhood immunisation programmes, with catch-up vaccinations of adolescents, will serve as a model for other non-endemic groups.

Dr Deirdre Kelly, a panel member and a consultant paediatric hepatologist at the Children's Hospital in Birmingham, said: "It is every child's right to be protected from hepatitis B. Many other countries with similar incidence have successfully implemented a universal vaccination policy. It is high time the Govern-

ment introduced a similar policy to protect the UK's children."

The consequences of the virus in children are more serious than in adults, with an estimated 25 per cent of child cases proving fatal. Cirrhosis and cancer of the liver, and acute liver failure are common causes of death.

The Hep Risk Survey, a pan-European study commissioned for the Hep Risk Advisory Board to assess infection awareness among European 15-25-year-olds, found that only one in ten of respondents had been vaccinated against hepatitis B. Also there was a widespread lack of knowledge about hepatitis B.

Routine endoscopy for under-45s not recommended

People under the age of 45 presenting with symptoms of dyspepsia should not be routinely given an endoscopy before evidence of *Helicobacter pylori* is established.

A single course of treatment with anti-secretory agents should be administered for two to four weeks in patients under 45 with troublesome symptoms but without alarm symptoms.

Patients over 45 with first onset dyspepsia should undergo investigation promptly with waiting times not exceeding four weeks.

The recommendations are part of a comprehensive set of guidelines published by the British Society of Gastroenterology. The aim is to encourage best practice among clinicians and optimise commissioning by purchasers.

The following areas have been covered in the BSG's guidelines so far:

- dyspepsia
- inflammatory bowel disease
- coeliac disease
- antibiotic prophylaxis in endoscopy
- tests for malabsorption
- artificial nutrition support
- oesophageal manometry and pH monitoring.

A NEW BEST SELLER IS ABOUT TO BE LAUNCHED OTC



Gastrocote has been a proven best seller on prescription for over twenty years and is now set to repeat its success OTC.

Pleasantly butterscotch flavoured and easy to take, Gastrocote Tablets and Liquid provide fast, effective relief from heartburn and acid indigestion.

Available in 20 and 40 tablet packs and 250ml bottles only from pharmacies, Gastrocote is bound to be a best seller. Ask your Seton representative about special deals.



Seton Healthcare Group plc

Always read the label. Gastrocote is a Trade Mark of Seton

For fast, effective relief from Heartburn and Acid Indigestion - Gastrocote it

Presentations: Tablets: each tablet contains Alginate Acid 200mg, Magnesium Trisilicate 40mg, Dried Aluminium Hydroxide Gel 80mg, Sodium Bicarbonate 70mg. **Liquid:** each 5ml contains Sodium Alginate 220mg, Magnesium Trisilicate 40mg, Dried Aluminium Hydroxide Gel 80mg, Sodium Bicarbonate 70mg. **Uses:** Heartburn including heartburn in pregnancy, reflux oesophagitis, especially associated with hiatus hernia, all epigastric disorders associated with gastric reflux or regurgitations, and acid indigestion. **Dosage and administration:** Adults and children over 6: tablets; 1-2 tablets to be chewed up to four times daily. liquid; 5-15ml up to four times daily after meals. To be taken after meals and at bedtime. Not to be taken by children under 6 years of age. **Contra-indications:** None known. **Precautions:** Care may be required in diabetes mellitus (1.03g sucrose per tablet, 500 mg sucrose per 5ml of liquid) and with patients on a restricted salt intake (21mg sodium per tablet, 42mg sodium per 5ml of liquid). As Gastrocote contains Aluminium Hydroxide, use with caution in patients with renal dysfunction or on a low phosphate diet. **Legal category:** GSL. **Product Licence Numbers:** Tablets 11314/0061; Liquid 11314/0062. **Product Licence Holder:** Seton Products Ltd. **RSP (inc VAT):** Tablets 20's: £1.79, 40's: £2.75; Liquid 250ml: £3.50. **Date of Preparation:** June 1996

COUNTERpoints

Healthy advice at hand

Intercare, the manufacturer of Tixylix children's cough and cold medicines, has designed a range of new POS support for in-pharmacy promotion.

The material includes a window card and an open and closed sign bearing the line, 'The pharmacist is available for healthy advice for children's coughs and colds'.

In conjunction with a panel of pharmacists, the company has also developed a Child Health Counter Unit,

which recommends a remedy for childhood cough and cold symptoms at the touch of a button.

Designed to sit alongside the pharmacy till, the top half of the unit also doubles as a prescription signing pad. It comes complete with pen, clip, sticky tape dispenser and stapler.

The unit is currently being offered to pharmacists by



company representatives.
Intercare Products Ltd.
Tel: 01734 790345.

Cool Works masks are easy on the eye, face or body

Oscar + Dehn has launched Cool Works, a range of therapeutic masks.

It comprises eyes, face and body masks, filled with temperature-retaining gel. They are reusable and help to revive and refresh tired skin, and reduce muscle stiffness, aches and pains.

The Facial Mask (\$7.95) has a rejuvenating effect. Store the mask in the fridge and place over the temple and cheeks to help stimulate surface

blood to the skin. Or use it straight from hot water to help relieve facial tension and speed skin hydration when applied over moisturising cream.

The Eye Mask (\$5.95) can be used hot or cold to reduce under-eye puffiness and help relieve headaches.

The Body Pack (\$6.45) is designed to relieve discomfort caused by inflammation and injury. For muscle strain, bruising, or insect bites a

cold Body Pack works to soothe nerve endings that cause the pain. Used warm it can help to relieve muscle stiffness and sporting aches.

A trial pack is on offer, available through David Hart Agencies (01992 522123). Three Eye Masks, two Body Packs and one Facial Mask costs \$25 (excluding VAT, plus carriage), plus an Eye Mask free of charge.
Oscar + Dehn Ltd.
Tel: 0171 267 7352.

Even more value for your money

BR Pharmaceuticals has extended its Valupak range of vitamins and supplements with the introduction of yearly supplies.

Each tub contains 365

tablets or capsules, offering a full year's supply of cod liver oil, odourless garlic, chewable vitamin C, evening primrose oil and multi-vitamin and iron.

All products in the range contain 100 per cent of the EEC's RDA of active ingredient. With the exception of evening primrose oil, at \$8.99, the rest of the line is priced at \$4.99.

M&S Toiletries Ltd.
Tel: 0131 453 5000.



Now hear this!

A national press campaign has been launched to support Otxe Ear Drops.

It is scheduled to run until mid-October and is part of a £2 million spend this year. Support for the launch includes colour advertisements in all national daily and Sunday tabloid newspapers, and an ITV campaign.

TV advertising on GMTV for Bazuka Gel and Toepedo Cream is ongoing until the first week in October. Bazuka is also showing in selected ITV regions with colour ads in the national press.
Dendron Ltd.
Tel: 01923 229251.

One to one advice line

A new advice line run by Unichem to support customers using its surgical products is now available.

Rachel Parker, a qualified nurse, has been appointed to deal with queries across a broad range of topics.

She says, 'Generally, the products that generate the most queries are nebulisers, catheters, colostomy products and, to a lesser extent, syringes and needles.'

'The range of products available means a pharmacist may have to make a lot of telephone calls to find information needed to fill a prescription or respond to a consumer's query. My job is to offer pharmacists a way to simplify their task.'

The line is available to Unichem account holders. Lines are open from 10.00am to 6.00pm, Monday to Friday, and there is an answerphone facility outside these hours.

Unichem plc.
Tel: 0181 391 2323.

Eye to eye contact

Rhone-Poulenc Rorer is promoting Brolene, its anti-infective eye drops on the back of National Eyecare Week (September 23-29). A trade promotion includes an educational programme targeted at pharmacists and their assistants. It involves charts to identify and diagnose specific eye ailments and the necessary treatments to recommend. Free Eyecare Counselling Packs are available from RPR/Fisons representatives or by contacting RPR direct.
Rhone-Poulenc Rorer Ltd.
Tel: 01323 534000.

In the swim

Co-pharma is introducing new Swim-Ear drops to the UK (30ml, £3.98). They work by lowering the surface tension of trapped water in the ear canal, enabling the water to run out. They also help to evaporate any remaining water, relieving the pressure and discomfort caused by trapped water.

Co-pharma Ltd.
Tel: 01923 710934.

Daily dose of concentrated aloe vera

Aloe Vera is launching new super-concentrated De Vere Aloe Vera one a day tablets.

Each is made from standardised gel, which is claimed to be 200 times more concentrated than aloe in its natural state.

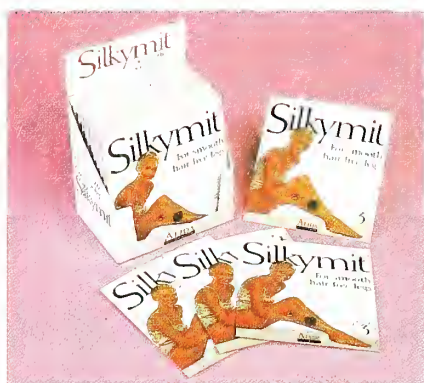
The tablets are manufactured using gel from the leaves of the 'true' aloe barbadensis plant. One month's supply of 30 tablets retails at \$3.50 and a super value pack of 90 is \$9.45. To celebrate its

launch Aloe Vera is giving a free case of tablets with every four ordered from Ceuta representatives.
Ceuta Healthcare Ltd.
Tel: 01202 780558.



**An Advanced Opportunity
for Profit is coming...**

Silkymit slides into a counter pack



helps to keep legs feeling smooth without any mess. It can also be used between waxes for removing unwanted straggly hairs.

All future deliveries

Alida of London has repackaged Silkymit, its hair removal product, and introduced a new counter display pack.

Silkymit (pack of three, \$1.09) fits around the fingers and works to remove unwanted hairs by using a light, circular rubbing motion. By acting as a defoliator, it

of Silkymit will be in a new easy to open display pack. Each contains one-dozen Silkymits.

New display packs are available now from Alida on Freefone 0800 413093, or Geoff Harrison at Carelle Associates on 01628 76521.

Alida Beauty Products Ltd.
Tel: 01256 20111.

Fresh new look for Macleans

Smithkline Beecham is investing \$2.5 million to relaunch its Macleans toothpaste portfolio.

The pack design maintains the blue and white Macleans theme, but uses a new starburst emblem to add 'sparkle' to the range and attract consumer attention.

The relaunch will be supported by promotional activity and a TV advertising campaign starting on October 14 and continuing throughout the year.

The relaunched Macleans portfolio includes: Macleans Freshmint, Coolmint and Total Clean. Other variants with the new logo are: Macleans



Bicarbonate of Soda, Whitening, Milk Teeth, Tooth Patrol Gel, Macleans Mouth Guard for Sensitive Teeth, Active Mouth Guard in

Freshmint and Coolmint, and Junior Mouth Guard for children.

Smithkline Beecham
Consumer Healthcare UK.
Tel: 0181 560 5151.

Wilkinson Sword offers consumers cash-back challenge

Wilkinson Sword is promoting its Extra II razor with a money-back guarantee for consumers if they don't find it the 'best-ever disposable razor'.

The promotion will hit the shelves from October

and run for eight weeks.

Promotional packs of Extra II Standard and Sensitive will feature the offer on-pack, and if consumers are not satisfied, they can simply write in enclosing proof of purchase to get

their money back.

Extra II has a 102 per cent year on year growth, ahead of the market, which is up 2 per cent in the same period (MAT 14/7/96 IRI Infoscan).
Wilkinson Sword Ltd.
Tel: 01670 713421.

The right way to radiant skin

New Skin Illuminating Complex (30ml, \$29) by Elizabeth Arden is a skin treatment which claims to improve skin clarity, texture and tone.

It contains retinyl linoleate, a compound said to be effective and gentle on the skin; tridecyl salicylate, a skin-soothing, gentle beta-hydroxy compound; and antioxidants vitamins C and E to fortify the skin's own antioxidants, which help protect against free radical damage.

The lotion also contains a blend of silicone polymers to help maintain smooth, quick absorption.

Suitable for all skin types, Skin Illuminating Complex can be used morning or night, under moisturiser.

Elizabeth Arden Ltd.
Tel: 0171 574 2700.

Philips' catalogue heralds start of Christmas promotional period

A new catalogue has been introduced by Philips Domestic Appliances and Personal Care Division to show its 1996/97 collection of small electrical products.

It features nearly 150 appliances at a glance, over 30 of which are new, and highlights new products and those available in new colours.

The catalogue includes all the models in the Philipsave Reflex Action range, plus details of all the men's and ladies' shavers and hairdryers, as well as other domestic appliances in easy to read charts.

It has been

published to coincide with the beginning of Philips DAP's advertising and promotional push for the Christmas season.

A copy of the catalogue can be obtained by calling 0181 689 2166, ext 2980.
Philips Home Appliances.
Tel: 0181 689 2166.



Atrixio extends care for hands

Smith & Nephew has added Atrixio Regenerating Treatment to its range of hand care products, and plans to launch Atrixio Ultra Light in January, 1997.

Atrixio Regenerating Treatment (75ml tube, \$3.15) contains liposomes, vitamin E and avocado oil to help dry chapped hands. Atrixio Ultra Light (150ml pot, \$3.89) is a moisturising cream, formulated to be absorbed as easily as a

lotion. It is fragrance-free and suitable for sensitive hands.

The company is supporting both launches with a \$1.1 million advertising campaign and sachet sampling in women's monthly magazines. A new-style TV ad featuring the Regenerating Treatment will also run throughout December.

Smith & Nephew
Consumer Products Ltd.
Tel: 0121 327 4750.

Flori Roberts takes to the Sky

Flori Roberts cosmetics is to feature on TV this autumn.

Following Dermablend Cover System's pilot programme, broadcast in August on Sky's satellite shopping channel, QVC and Baker Norton are producing a new hour-long live feature on Flori Roberts, the cosmetic brand for black women.

The programme takes an educational approach and deals with problems specifically associated with black skin.

A hotline number (01279 421555) has been set up for consumers who want either product information or details of their nearest stockist.
Baker Norton Pharmaceuticals. Tel: 01279 426666.

Direct assault by revamped Andrex

Kimberley-Clark has launched a direct marketing campaign to coincide with a £15 million revamp of its Andrex tissues brand.

A £5.7m TV, radio and poster campaign uses the

Andrex puppy to illustrate the 17 per cent extra fibre in each sheet. The company is spending £9.8m to target 2.5 million homes with a door drop.
Kimberley-Clark Ltd.
Tel: 01622 616000.



FREE!
PHARMACY
MUG
 (limited edition)



This winter's Hottest property!

- **£3.5 MILLION NATIONAL SUPPORT FOR MENTHOLATUM BRANDS – THROUGHOUT AUTUMN/WINTER 1996.**
- **SPECTACULAR MENTHOLATUM 1996 AUTUMN BONUS OFFER! ALL LINES DISCOUNTED FOR EXTRA SALES POTENTIAL.**
- **DEEP HEAT - THE BEST SELLING RUBEFACIENT RANGE – BACKED BY BIGGEST EVER CONSUMER PRESS CAMPAIGN.**
- **DEEP RELIEF - NO. 2 IN PHARMACY – BLOCKBUSTER CONSUMER ADVERTISING PLUS MASS SAMPLING THIS OCTOBER.**

Act Now! And toast your bigger profits with our fabulous pharmacy mug - FREE when you return your transfer order.

TRADE CONTACT: See your National or local wholesaler, or Jenks rep. Tel: THE JENKS GROUP (01494) 442446.

New distribution

Co-pharma is now the exclusive UK distributor for Bioplus Tonic (liquid and effervescent tablets), and the Lemplus range of cold and flu products. **Co-pharma Ltd.**
Tel: 01923 710934.

Check-up time

Duracell UK has launched a series of ads for its Duracell Powercheck battery. A £3 million TV campaign includes two TV executions. In total, the company will spend £10m from September to January on marketing its battery which carries a strip that allows its power level to be monitored. **Duracell (UK) Ltd.**
Tel: 01293 517527.

Illuminating ...

Energizer Flashlight and Ever Ready Standard range torches are now available in display packs to the independent trade while stocks last. The Energizer pack comprises seven torches, available to the trade at a price of £27.99 (£50.43 at rrp). The Ever Ready Standard Range pack consists of 12 torches complete with batteries and costs £29.99 (£51.88 at rrp). **Ever Ready Ltd.**
Tel: 0181 882 8661.

Feeding relief

Kamillosan nipple cream has been reformulated to remove peanut oil. It now contains extracts of natural chamomile in a base of maize oil, purified lanolin and beeswax. Kamillosan is recommended after each breastfeed to help provide relief from soreness. It is available in tubes of 30g for £2.75. **Norgine Ltd.**
Tel: 01895 826600.

Scent of Summer

'Scent of Summer' is a new addition to the Ambi-Pur Permanente air freshener range. The new variant is available in a refill format and joins the existing three skus. **Sara Lee UK Ltd Household & Personal Care.**
Tel: 01753 523971.

Olvarit caters for Christmas



Cow & Gate is re-introducing its Olvarit Christmas Dinner Variety next month. Olvarit Sage & Turkey Casserole (150g, \$0.52) was a success last Christmas, when it delivered a 200 per cent increase in sales. This year, the company is looking to target new customers looking for 'novel' ways to celebrate their baby's

first Christmas.

Olvarit Christmas Dinner (available in outers of 12) is suitable for babies from four months, and is packaged in jars which feature a snowman and red lettering on the label. The shelf tray is designed with a snow pattern on a pale blue background. **Cow & Gate Ltd.**
Tel: 01225 768381.

Scholl tackles legs and feet with novel offer and new footwear range

Scholl is running a hosiery promotion in pharmacies and GP surgeries until May, 1997.

Consumers buying either one pair of Scholl 753 Anti-Fatigue tights or two pairs of Scholl Lite Legs will receive a free book (\$5.99) by a top novelist. To receive a book customers have to fill in an application form on the consumer leaflets provided at POS.

Scholl is providing new POS material comprising posters, A3 window cards, wobblers and counter units.

● Scholl is introducing a new Pharmacy Footwear range. Existing footwear

styles will be retained, but a focus on selected lines is hoped to reach a younger, more fashion-conscious market.

The range comprises Leisure, Exercise, Fitness and Massage footwear. Active and casual styles come in core colours of neutral, white and navy.

The company is supporting the launch with consumer leaflets, display stands and show cards. Promotion of the entire Scholl range will continue with a national consumer advertising and PR campaign.

Scholl Consumer Products. Tel: 01582 482929.

New trade promotion for Conveen

Coloplast has appointed the pharmacy division of Strategic Partners to promote its range of Conveen Stay Dry Pads to the trade.

The pads are designed to help women who suffer from loss of bladder control – a problem which affects one in four in the UK at some stage.

Each pad (available in packs of ten, in small, medium and large) is designed to give up to six times the absorbency of an ordinary sanitary towel, and channel moisture away from skin.

Coloplast is supporting

Coveen Stay Dry Pads with an autumn advertising campaign running in women's magazines. POS material comprises a consumer leaflet, which includes a coupon to order a free trial pack, and a general information leaflet – 'Regaining Bladder Control' – which gives advice and contains a self-help exercise guide.

Coloplast is operating a 24-hour Freefone Incontinence Advisory Service. Advice and information is available on: 0800 592938.

Strategic Partners (UK) Ltd. Tel: 01622 662596.

ON TV NEXT WEEK

Bazuka: GMTV

Centrum: All areas

Movida: All areas

Nizoral: Satellite

Nurofen Plus: All areas

Nutralia Shampoo: All areas

Pantene: All areas except GMTV

Rennie: All areas

Rimmel: All areas except U

Seven Seas Cod Liver Oil: C4

The Wrigley Company/Sugar Free Brands: All areas

Toepedo: GMTV

Veracur Gel Kit: CTV

Wella Experience: All areas except CTV

Wilkinson Sword FX Performer: All areas except CTV, C4, GMTV & Satellite

GTV Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

Get a mug or two from Dixcel

A 'matching mug' promotion is running on packs of Dixcel premium decorated household towels and facial tissues until the end of October.

The promotion offers six mugs, produced to match existing Dixcel pack designs. Customers are entitled to a free mug in return for five tokens

from Dixcel packaging. There is no additional cost and mugs are posted free to consumers.

The promotion is featured across all Dixcel household towels (two-roll and four-roll), and Dixcel Mansize and Regular facial tissues.

Jamont UK Ltd.
Tel: 0181 864 5411.





£500,000 promotional exposure this year

- Efamol is the original name in Evening Primrose Oil-based products — and still the best. There are now keenly competitive prices for Efamol brands: to attract new customers and extra business.
- Efamol brands have NEW consumer advertising and direct mail campaigns for 1996. The promotional budget is over £500,000.
- Point-of-sale materials are available from our Sales Operations Department. Please ring: 01306 742800.

Efamol®



Efamol Ltd., Weyvern House, Weyvern Park, Portsmouth Road, Guildford, Surrey GU3 1NA.

Efamol is a registered trademark of Efamol Ltd.

In the golden city of Jerusalem, up to 2,000 pharmacists and scientists from 60 countries last week came together for the 56th International Congress of the International Pharmaceutical Federation. **Liz Mulholland** heard FIP president Dieter Steinbach urge pharmacists to battle for their survival

As the Middle East once again hovered on the brink of upheaval following the US missile attack on Iraq, security in and around the vast conference centre for this year's FIP Congress was intense. No one who wandered the streets of the Old City could be unaware of the increased military presence.

But the Congress also coincided with the first meeting between the new Israeli president, Binyamin Netanyahu, and Yasser Arafat, chairman of the Palestinian Authority. The heartfelt wish of FIP president Dieter Steinbach, in his opening address, was that a lasting peace would follow. His own hopes for the future of pharmacy were less optimistic.

Working for pharmacy

Dr Steinbach called on pharmacists to find "partners" inside and outside the healthcare team, with doctors, politicians, the public and patients, because "it will be almost impossible for us to solve our problems alone".

He warned that demographic changes and diminishing resources in industrial countries, along with an increase in the number of patients with chronic diseases, and progress in medicine and pharmaceutical science, left every healthcare system facing unprecedented problems – with pharmacists especially vulnerable.

"In the whole world, in developed and developing countries, there is constant discussion on the reform of the healthcare system. The question, in general, is in what way can the healthcare system become more cost-effective, so that it stays solvent in the future?" Dr Steinbach said. "Because of this, critical questions are often asked about the economic need for pharmacists. This is not a national but an international issue. We must be aware that the position of the pharmacist as a member of the healthcare team will deteriorate if we do not portray ourselves stronger than we do at the moment."

Dr Steinbach said the answer lay with an internal "quality control programme" for the profession, while upgrading the quality of pharmacy staff through intensified continuing education was another vital component.

He said that more pharmacists had to be convinced of the value of 'Good Pharmacy Practice' and 'Pharmaceutical Care', as essential to the survival and growth of the profession. "It is senseless to make a lot of noise within FIP and

Fight the good fight



its national member organisations if what they stand for cannot be seen in as many pharmacies as possible ... The future of our profession has already begun; those who carry on sleeping will have difficulty in surviving."

Good practice

One in four angina patients screened by community pharmacists subsequently had their medical treatment modified by their GP, according to a pilot study in Belfast reported at the Congress.

The project, part of the Good Pharmacy Practice Programme, fulfilled all of Dr Steinbach's criteria for pharmacy of the future, said James McElhany, professor of pharmacy at the Queen's University of Belfast. "This study indicates that the pharmacist is well placed to offer information, review risk factors and plan lifestyle changes in partnership with the patients and their doctor," he said.

Sixty angina patients living in and around the Falls Road took

part in the Astra-backed study. Their medication regime and quality of life was assessed by community pharmacists who had undergone an angina revision programme. The pharmacists counselled the patients using a package of materials developed for the programme.

More than half of the patients had either no knowledge of angina, or a misunderstanding of its causes, at the start of the study. By the end of the month-long programme, this figure had fallen to seven.

Twenty-seven of the patients were smokers; 14 agreed to stop and, by the end, six of them had given up cigarettes. There were no significant differences in the quality of life at one month, but of 20 patients asked about the benefit of the pharmacy service to their health, two rated it as "vital"; 15 said it was "very useful"; and three "useful". Of the 21 doctors whose patients were enrolled in the study, 20 said the pharmacists' intervention was of great or moderate value.

Linda Stone, chairman of the Good Pharmacy Practice Programme Group, said: "In chronic stable conditions, it is natural that patients forget to have regular check-ups. Pharmacists, by spending just a short time on assessment, can provide a vital prompt to patients who are suffering needless pain to revisit their doctor."

The project to promote and maintain the health and well-being of patients with angina through the advice offered in local pharmacies is also under way in Australia, New Zealand, Canada, Birmingham in the UK and other European countries.

Moses a pharmacist?

Jerusalem this year is celebrating 3,000 years since its founding, but as Howard Rice, a member of the Israeli Hospitality Committee, pointed out, pharmacy is even older.

"[Pharmacy] is mentioned in the bible, the Torah, which was given by God to Moses on the foot of Mount Sinai 3,500 years ago. 'And when God instructed Moses to prepare the anointing oils for the priests, it was 'a pharmaceutical preparation by a pharmaceutical method'."

Mr Rice continued: "God even gave a magisterial formulation as the quantities and contents of the preparation. All this is found in the Book of Exodus, Chapter 30. This makes us not just an ordinary profession, but a very special one. I suppose, as this was the case, then Moses *was* a pharmacist."

Building bridges

If pharmacists only feel comfortable with other pharmacists – and ignore what pharmaceutical scientists have to offer for the future of the profession – then an enormous potential is being lost, according to Professor Leslie Benet, the newly-appointed chairman of the FIP's board of pharmaceutical science.

Professor Benet, from the department of biopharmaceutical sciences at the University of California, said his objective was to ally pharmacists and pharmaceutical scientists more strongly than ever before to establish a strong presence with governments and regulatory authorities.

He said that the power of scientists in drug companies could not be underestimated. "We need to build a bridge between science and practice, a highway if you like, with a lot of traffic on it."

PHARMACYupdate

Residential care

Provision of pharmaceutical care to residential and nursing homes /

Eating disorders

A focus on anorexia nervosa and anorexia bulimia /V



Research digest

Paracetamol self-poisoning in children is on the increase /VI

Home comforts

The proportion of people taking up residential or nursing home care has risen dramatically with the closure of many long-stay hospitals.

Edward Mallinson, chief administrative pharmaceutical officer for Lanarkshire Health Board, looks at the provision of pharmaceutical care in this field



Over the past eight years there has been a dramatic increase in the number of patients in both residential care and nursing care homes. This population is primarily elderly and there has been a shift from traditional continuing

care in long-stay beds in National Health Service hospitals.

One of the consequences of this shift from secondary to primary care has been a reduction in the availability of clinical/ward pharmacy services to this group of individuals and the associated increase in the number of pharmaceutical problems encountered by them. In addition, the implementation of care in the community has resulted in the increased dependence of those elderly patients in residential care homes and a significant increase in the medication used in this sector of care.

Pharmacy input

In 1989, regulations were put in place to enable community pharmacists to be paid for providing advice to residential care homes (in Scotland this also included nursing homes). This paved the way for the introduction of clinical pharmacy services into community pharmacy, a role traditionally only found in the hospital setting.

The scope of payments is, however, limited to the provision of advice on the safekeeping and correct administration of medicines. The misinterpretation of this by some homes is placing pressure on pharmacy contractors to provide additional services, such as the supply of monitored dosage systems, for which they are not paid under the terms of these regulations.

In addition, there are differences in the regulations and payments, which pertain to England and Wales, Scotland and Northern Ireland. The scale of payments and conditions is set out in Table 1, but the underlying principles to be followed in implementing the service remain the same.

It should also be noted that the inspection of the homes is the responsibility of the registering health authority,

Table 1	England & Wales	Scotland	Northern Ireland
Regulation	HC (FP) (89) 13	NHS Circular 1989 (PCS) 26	Article 15, HPSS
Scope	Nursing & residential homes	Nursing & residential homes	Residential homes
Training requirements	CPPE and WCPPE 'Home away from Home' distance learning course	SCPPE approved study day, 'Home away from Home' distance learning course	Compliance with requirements of the committee for PQET
Number of homes allowable	5	5	5
Frequency of visits	Determined by local agreement	At least four per 12-month period	At least four per 12-month period
Records to be kept	Name and address of home, date of visit, note of advice given	Name and address of home, date of visit, note of advice given	Name and address of home, date of visit, note of advice given
Payment	Determined by local agreement	Initial establishment fee: £21. Annual allowance: £190 + £5.10 per resident where the number exceeds 25	Determined by local agreement

Continued on P11 ►

◀ Continued from PI

which will carry out formal inspections of all the homes' activities in accordance with their statutory obligations.

Getting started

For those community pharmacists who are about to embark on providing a service to nursing or residential homes, it is essential that they establish a record for the following areas within the home. This then allows an assessment of the services to be made against a baseline.

Storage

The following checklist should be considered:

- type of trolley used and area it is stored in
- medicines cupboard and location: is it secure, cool and dry and suitably located?
- medicines separated according to category
- fridge provision: awareness of what medication requires refrigeration; monitoring of fridge efficiency; programme of defrosting
- storage of controlled drugs: custody of keys; appropriateness of arrangements
- storage of reagents and disinfectants
- stock levels: are they appropriate?
- key-holding arrangements
- expired or redundant medication: what arrangements are in place for handling unwanted medicines?

Records

It is essential that careful records are kept. These should include the following:

- container labels
- patient medication profiles; it should be noted that there

Table 2: number of elderly people living in residential homes in England

	1980	1986	1994
Local authority homes	102,890	101,704	58,900
Voluntary homes	25,449	25,121	36,200
Private homes	28,854	77,557	138,700
Total	157,193	204,382	233,800

(Source: DoH 'Health and Personal Social Services Statistics 1995')

is no obligation on a general medical or dental practitioner to write or sign a drug Cardex under the terms of General Medical Services or General Dental Services. An area of prime concern, therefore, should be the integrity of the record from which nursing staff are administering medicines and care staff are facilitating the self-medication of residents within their care

- medicine book; the legal requirement to record the medicines brought into and removed from the homes must be complied with. It is essential, therefore, that advice on this aspect takes cognisance of the type of administration and recording system used
- controlled drugs register (if appropriate)
- medicine administration system.

Medication review

This is an area where pharmaceutical input can enhance the quality of life for the patient or resident. It is an area that is being actively developed by health authorities in association with community pharmacists. Early assessment of pilot projects being undertaken throughout the UK indicates that this is an area for expansion of the pharmacist's

skills within the community setting.

The following activities should be incorporated into the pharmacist's role in residential and nursing home care:

- self-administration of medicines
- household remedies
- oxygen
- problems encountered and raised by staff
- training requirements of home staff.

This may be an area where the community pharmacist can offer to provide input into staff training programmes for which private arrangements could be made with the home regarding remuneration.

Funding

There are many ways of obtaining funding other than through the normal contract. Consideration should be given to bidding for research funds and primary care development funds in order to pilot innovative services within the care home setting.

Help in putting together a bid is usually available through the health authority pharmaceutical adviser or the health board's chief administrative pharmaceutical officer.

The homes themselves or the local authority social work department may be willing to

pay pharmacy contractors for help in the training of staff in the handling of medicines. It is worth approaching the local authority with a scheme for providing this service. Do remember, however, that funds are finite and it is usually the small scheme that succeeds first, paving the way for more elaborate ones.

The professional development department of the National Pharmaceutical Association is available for advice on setting up a pharmaceutical service to local homes. It is currently working with the training department to develop packages that pharmacists can use to train carers.

The RPSGB publishes a free guide, 'Pharmaceutical Services to Nursing Homes', aimed at community pharmacists. Another guide, 'Administration and Control of Medicines in Residential and Children's Homes', is available for home managers and carers priced £4.00.

In conclusion, community pharmacists have a great deal to offer the care home sector and there is ample evidence that the input of a pharmacist into residential care and nursing homes adds to the quality of life for the patient and helps in the reduction of unnecessary waste of prescribed medicines.

PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Johnson & Johnson MSD, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the October 12 issue, which will cover this week's CPP accredited modules, together with those in the September 7 issue. In other words:

- Indigestion II (26)
- Diuretics (27)
- Eating disorders (28).

A faxback service for these modules and associated MCQs


operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

Other modules carried so far this year:

- Communication skills (01) Jan 6
- Rheumatoid arthritis (02) Jan 6
- ACE inhibitors (03) Jan 20
- Endocrinology (04) Feb 3
- Sleep disorders (05) Feb 3
- Pituitary problems (06) Feb 17
- Croup (07) Feb 17
- Hormonal contraception (08) Mar 2

- Schizophrenia (09) Mar 2
- Psoriasis (10) Mar 16
- Constipation (11) Apr 6
- Methadone (12) Apr 20
- Methadone supervision (13) Apr 20
- Beta-blockers (14) May 4
- Cystitis (15) May 4
- Palliative care (16) May 18
- Palliative care drugs (16) May 18
- Responding to symptoms (17) Jun 1
- Drug interactions I (18) Jun 1
- Drug interactions II (19) Jun 15
- Malaria (20) Jul 6
- Headache (21) Jul 6

- Drugs in sport (22) Jul 20
- Indigestion I (23) Aug 3
- Sexually transmitted diseases (24) Aug 3
- Cannabis (25) Aug 17
- Indigestion II (26) Sept 7
- Diuretics (27) Sept 7

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Food crisis

Although people with eating disorders usually need specialist treatment, pharmacists can still help. **Adrienne de Mont** looks at what can be done



Eating disorders lead to a lifestyle in which eating or not totally dominates a person's thinking. Yet starving or binge eating are not just about food but are symptoms of underlying emotional and psychological distress. It can be a way to avoid facing painful issues, or of exerting control when you feel other people are running your life. It can also be a reaction to unresolved stress, possibly going back many years to childhood traumas.

Eating disorders have one of the highest mortality rates of all psychiatric illnesses. Over 10 per cent of sufferers die, either from starvation or as a result of suicide.

The starting point is often a desire to lose weight, but obviously not all slimmers develop eating disorders. The trigger may be unhappiness and emotional difficulty. Dr Bob Palmer, consultant psychiatrist at the Leicester General Hospital, says the reasons why people decide to slim may be complex and indicate more than a dissatisfaction with body shape. In his booklet, 'Understanding eating disorders', he explains how people who restrict their food intake can get caught up in a vicious circle in which fear of failure traps them into developing anorexia or bulimia. But the reasons why

some people are more susceptible than others is unclear.

Family influences seem to play a part, but again their exact role is not known. Both anorexia and bulimia tend to run in families, although the evidence for a genetic link is stronger with anorexia. Children also learn about eating behaviour and attitudes from their parents.

There is great social pressure to be slim and attractive, although Dr Palmer believes the influence of fashion, advertising and the media is not enough on its own to explain why some women develop eating disorders but most do not. Athletes, models and dancers who need to keep their weight down are particularly prone.

Most sufferers have a low self-esteem and many find it difficult to express their emotions. It is a myth, says Dr Palmer, that anorexia is a problem of the so-called upper and middle classes and that those with bulimia are "striving, upwardly mobile types who live life in the fast lane".

People with eating disorders are often afraid to ask for help or feel they do not want to be helped. But the sooner the problem is recognised, the better the long-term prognosis, although recovery may take a long time. Only about half those diagnosed as having an eating disorder have recovered after five years.

The Royal College of Psychiatrists estimates that at least 60,000 people are known to be suffering from anorexia and bulimia at any one time. The Eating Disorders Association suggests that the true figure is nearer 150,000-200,000.

There are two main eating disorders – anorexia nervosa and bulimia nervosa.

Anorexia nervosa

Anorexia is a relentless pursuit of thinness through



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THIS ARTICLE, IN
ASSOCIATION WITH
MULTIPLE CHOICE
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HOUR'S CONTINUOUS
EDUCATION

OBJECTIVES

- To understand the psychology behind eating disorders
- To differentiate between anorexia and bulimia nervosa
- To be aware of how eating disorders are managed
- To recognise OTC abuse
- To be aware of how pharmacists can help sufferers

starvation and a fear of becoming fat. Anorexics are not trying to starve themselves to death but are attempting to cope with living. Sufferers are terrified of being out of control; weight loss is one area of their lives they can regulate.

The peak age for anorexia nervosa is in the mid to late teens, although symptoms are being seen increasingly in children as young as eight, and it can occur for the first time in women in their 30s or later. It is much more common in females than males. The sex ratio is between 9:1 and 20:1.

The main symptoms of anorexia nervosa are:

- severe weight loss
- a distorted body image – people believe they are fat when they are dangerously thin
- excessive exercising
- amenorrhoea
- insomnia
- irritability
- feelings of worthlessness
- symptoms of starvation – severe constipation, abdominal pain, dizziness, swollen stomach, face and ankles
- secret vomiting/purging
- growth of downy hair on the body.

Eventually, loss of weight can lead to electrolyte imbalance, circulatory problems, infertility,

osteoporosis and kidney failure.

Treatment of anorexia

Treatment concentrates on trying to resolve emotional difficulties and establish a more settled pattern of eating. Pressurising an anorexic into eating can cause rebellion and further relapse. To tell a sufferer she looks well or to congratulate her on gaining weight may prompt her to start dieting again in case she gets fat.

Starvation also results in a decreased metabolic rate, so the sufferer tends to put weight on rapidly at first until the metabolism returns to normal. This, too, can prompt fears of uncontrolled weight gain.

It may take many months for the patient to restore their weight and learn to keep this weight. Psychotherapy tries to help the patient feel safe enough to change and should certainly continue after the weight is regained. Weight recovery by itself does not constitute a cure.

Hospital admission may be necessary if the patient feels unable to change without constant support. On the other hand, they might resent going into hospital as it makes them feel even more out of control.

Some psychiatric hospitals or departments have units specialising in the treatment of eating disorders. Self-help groups, details of which are available from the Eating Disorders Association, also play a useful part in rehabilitation.

As for drug treatment, Dr Jill Welbourne of the Eating Disorders Clinic, Bristol Royal Infirmary, says: "The proper treatment for anorexia is food – either solid food or liquid supplements. Many doctors get carried away with antidepressants, but overlook the bread and cheese. Of course, anorexics get anxious, depressed and sleepless, so the judicious use of tranquillisers, antidepressants and hypnotics is helpful. But the metabolism of patients who have adapted to starvation is often unpredictable."

As absorption is impaired, it could take eight hours for a drug to act. Giving another dose in the meantime could lead to serious problems when both doses are finally absorbed. Starved patients are more sensitive to bone marrow depression with drugs such as chlorpromazine. Similarly,

they are more sensitive to the disinhibiting effects of diazepam, becoming extremely unrealistic and feeling they can 'float off balconies'. This is something pharmacists could warn about if they are dispensing for anorexic patients.

Bulimia nervosa

Bulimia nervosa is a condition in which sufferers eat exceptionally large amounts of food in a short time then try to rid themselves of it by vomiting, laxatives, diuretics or starvation. One diagnostic criterion is that over-eating must be occurring at least twice a week for at least three months – it is not just a single over-indulgence. The sufferer's life becomes dominated by thoughts of shopping, cooking, bingeing then getting rid of food.

Bulimia tends to occur later than anorexia, typically in the late teens and early 20s, and is uncommon under the age of 15 years. The peak age of onset (16-18 years) is a time when many young people are leaving home or moving from school to higher education.

As with anorexia nervosa, there is an excessive fear of being too fat, although body weight may be high, low or

average because of the balance between bingeing and restraint.

People with bulimia may appear to have more normal eating habits than those with anorexia nervosa, as their problem is more easily kept secret.

Symptoms also include:

- feeling guilty, helpless, lonely and out of control
- menstrual disturbances
- sore throat and tooth decay through regular vomiting
- dehydration and poor skin
- mood swings
- secretive behaviour.

Other effects in the long-term include general digestive problems, throat ulcers, enlarged salivary glands, electrolyte imbalance, bowel damage from laxative abuse, kidney and heart failure.

Treatment of bulimia

The main treatment is short-term psychotherapy, usually cognitive-behavioural therapy in which the therapist works with the patient to reduce undesirable behaviour, such as bingeing and vomiting, and to establish more normal eating patterns. Treatment is usually on an outpatient basis, although hospital

admission may be necessary if bulimia is complicated by other problems, such as excessive drinking or self-mutilating behaviour. Generally it is better for sufferers to learn to change their own behaviour instead of it being imposed on them.

Antidepressants may help if bulimia is accompanied by clinical depression. Prozac, in doses higher than those used for clinical depression (60mg daily), seems to reduce the urge to binge. A recent study (Goldstein et al, 1995, *BJ Psych* 166:660-66) concluded that at these doses, for up to 16 weeks, fluoxetine was safe and effective. It seemed to improve patients' quality of life because they felt their eating was more in control and they were less preoccupied with thinness. Fluoxetine may cause weight loss, but the data sheet says that only rarely has the drug been withdrawn for this reason in depressed or bulimic patients.

A practical guide to the treatment of bulimia nervosa, based on patients keeping diaries and monitoring their own eating patterns, was outlined by Christopher Freeman in the *Journal of Psychosomatic Research* (1991, 35, Suppl 1, 41-49). He used fluoxetine mainly when measures such as behaviour therapy, cognitive therapy and self-help groups had failed.

If side-effects were a problem with 60mg in the morning, he found that just 20mg at 6.00pm could help because the main bingeing times were in the evening. The antibulimic effects could take over 10-14 days to develop and treatment should be continued until patients were eating relatively normally and had considerably changed their attitudes to bingeing and vomiting.

He suggested there was little or no place for the conventional tricyclics or MAOIs in treating bulimia nervosa except in clear-cut depressive illness accompanied by bulimia. Many of these drugs caused weight gain, which was particularly distressing. He thought that, as serotonin was intimately connected with control of feeding, behaviour and appetite, the use of highly-specific serotonin re-uptake blockers could be an important development.

Continued on PVI ►

◀ Continued from PV

Dr Jill Welbourne agrees that fluoxetine is not a first-line treatment but can be useful at a later stage as an adjunct to counselling and educational programmes, providing it is given at the recommended dose of 60mg.

How to help

So what can pharmacists do to help? Margaret Duncum of the Eating Disorders Association, says: "People with eating disorders can be very secretive and reluctant to make themselves vulnerable to pharmacists for advice. But it would be useful if pharmacies displayed our leaflets and poster, which explain where they can get help."

Anxious parents might ask for ways of making ordinary foods more nutritious by adding high calorie supplements.

"This is a difficult area as it has to be done without the patient's knowledge," she warns. But it is worth referring the parent to the GP for advice; although high energy and modular supplements are not specified as Borderline Substances for the treatment of anorexia, GPs may prescribe them for "disease-related malnutrition".

Dr Welbourne says carers might find it easier to persuade patients to take high-energy supplements than food, as supplements may seem more like medicines.

"It might be easier to say 'Here is your medicine' than to have a battle over eating up the stew and greens," she says.

Over the counter supplements of calcium and vitamin D may give useful protection against osteoporosis while the body weight is low, she adds.

OTC abuse

Dr Welbourne also warns pharmacists to be on the look-out for people who could be overdosing on sleeping aids such as diphenhydramine.

"They are not intending to commit suicide but are trying to become unconscious so they do not binge," she explains.

Youngsters who buy large quantities of OTC diuretics should also arouse suspicion. And excessive use of ginseng can be dangerous to someone who is not eating, particularly if taken with lots of black coffee.

Pharmacists can also watch out for laxative abuse and help patients give up these products. Many abusers do not appreciate that laxatives do not cause weight loss because calories are quickly absorbed. Laxatives simply cause dehydration and loss of important vitamins, minerals and electrolytes.

The EDA has a 'Coming off laxatives' advice sheet, which suggests that people who have been taking laxatives for a short while should try to stop at once. Other people may find a gradual approach is better, say, a 10 per cent reduction a week or keeping certain days of the week laxative-free.

They should try to increase the amount of fibre in their diet by eating high-fibre foods rather than large amounts of bran.

'Don't panic if you become constipated,' the leaflet states. 'Rebound constipation is a common, but not inevitable, side-effect of laxative abuse and will ease with time and with a healthy and normal-sized diet.'

Some people find their weight increases when they stop taking laxatives or they feel bloated, but this is only temporary.

Another EDA leaflet, 'Bulimia and your teeth', explains that stomach acid washing over the teeth (through frequent vomiting) wears away the enamel. Many sufferers make the mistake of brushing their teeth after being sick, which increases the risk of erosion. Instead they should rinse the mouth thoroughly with water, then wait several hours before brushing or eating anything acidic, such as fruit. If they feel compelled to brush immediately, they should avoid toothpaste and just use water.

Dr Welbourne advises rinsing with a dilute solution of sodium bicarbonate and then using a weak fluoride mouthwash intended for daily use.

The Eating Disorders Association is at Sackville Place, 44 Magdalen Street, Norwich, Norfolk NR3 1JU. Helpline 01603 621414, Youth Helpline 01603 765050, administration 01603 619090.

'Understanding eating disorders' by Dr Bob Palmer, BMA Family Doctor Series, £2.49.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning material until December 31, 1997.

Self-poisoning in children

Paracetamol has become more common as a cause of self-poisoning among children, according to a study in Oxford.

The records of all 755 under-16s referred to hospital in Oxford due to self-poisoning or self-injury between 1976 and 1993 were reviewed, revealing a total of 854 incidents – equivalent to 5 per cent of all referrals. Eighty-five per cent were girls; episodes were rare in the under-12s, but much more common in 14- and 15-year-olds.

Ninety-seven per cent of episodes involved self-poisoning; of these, 68 per cent involved non-opioid analgesics that could be obtained OTC. The prescribed drugs most commonly implicated were anxiolytics,

hypnotics and antidepressants, though other Prescription only drugs accounted for a quarter of all cases.

Poisoning with paracetamol increased from 20 per cent in the five years to 1981 to 26 per cent between 1982 and 1987 and to 55 per cent up to 1993; this was associated with a fall in the use of anxiolytics and hypnotics. Alcohol was not commonly used.

The reasons children gave for their actions included family difficulties, and further investigation revealed that this often involved chronic conflict and violence. Around 20 per cent of children repeated their attempt (10 per cent within a year) and many had a history of attempts. *British Journal of Psychiatry 1996;169:202-8*



Treatments for the common cold

Zinc has once again emerged as a possible treatment for the common cold, and a new symptomatic treatment has been evaluated in two studies from the US.

Double-blind, placebo-controlled trials of zinc have

produced conflicting conclusions about its efficacy and not all have reflected how the cold would be treated in general practice, a shortcoming doctors in an Ohio clinic sought to rectify. They randomised 100 employees within 24 hours of

the onset of symptoms to placebo (calcium lactate lozenges) or zinc gluconate lozenges at a dose of one two-hourly for up to 18 days. By contrast with previous studies, the dose of zinc was reduced from 23 to 13.3mg per lozenge to improve palatability.

The median time to resolution of symptoms among placebo recipients was 7.6 days compared with 4.4 days in those patients taking zinc.

Some symptoms also resolved faster in zinc users, including nasal and throat symptoms, cough, headache, hoarseness, and nasal congestion and drainage. Symptoms not significantly shortened by treatment included sore throat, muscle ache, sneezing and fever.

Overall, however, the difference in the proportions of patients who believed that zinc (59 per cent) or placebo (44 per cent) had improved their symptoms was not considered statistically significant.

One patient withdrew because she could not tolerate the zinc lozenges and five – all zinc users – stopped taking the lozenges because of adverse effects. These

were more common among zinc users (25 reported two or more events compared with five placebo recipients) and included nausea and a bad taste.

The authors note that it is for cold sufferers to decide whether the treatment justifies these adverse effects.

Although the mechanism of action of zinc gluconate is unclear, it is known that zinc suppresses rhinovirus replication.

A different approach to treatment was evaluated in 411 patients attending health centres in Virginia: intranasal ipratropium bromide reduces nasal mucus production associated with the common cold by blocking parasympathetic innervation of submucosal glands. Ipratropium was administered in buffered saline three to four times daily for four days.

Compared with a placebo of saline alone, ipratropium was associated with a 26 per cent reduction in nasal discharge; compared with no treatment at all, ipratropium reduced discharge by 34 per cent. The severity of runny nose was reduced by 31 per cent and 78 per cent, and the frequency of sneezing by 20 and 30 per cent, respectively.

Adverse effects were reported more often with ipratropium than saline alone, including dry nose (17 versus 4 per cent), blood-tinged mucus (12 vs 4 per cent) and headache (9 vs 2 per cent). Three patients using ipratropium reduced the dose because of complaints of nasal dryness.

Asked to rate whether participation in the study had helped their colds, 81 per cent of ipratropium users, 65 per cent of those using saline, and 18 per cent of untreated controls said they felt better or much better. Asked to rate their treatment, 88 per cent of ipratropium users said it had been useful or very useful compared with 74 per cent of saline users, a significant difference.

The dose of ipratropium bromide in this study (84mcg per nostril) was greater than that licensed in the UK for the treatment of rhinorrhoea associated with perennial rhinitis (20-40mcg). This study demonstrates its efficacy, but also suggests that simple hydration of the nasal mucosa with saline alone may be superior to no treatment at all.

Annals of Internal Medicine
1996;125:81-88 & 89-97

Cost of eczema

People with atopic eczema spend substantial sums on OTC treatments, clothing and laundry as a direct result of their condition, a Scottish study has revealed.

Expenditure over a two-month period was assessed in 155 patients, who recorded all spending which arose from living with eczema, including medications, prescription costs, travel expenses, time off work or school and loss of income.

On average, the cost of eczema over two months was approximately £26 (equivalent to £150 annually). In one case, the cost was £546, mostly due to loss of earnings; ten patients spent over £100 and three spent more than £300. This was balanced by virtually no expenditure by patients who were in remission.

One-quarter of overall costs was attributable to OTC treatments, including emollients, bath additives, shampoos and evening primrose oil; clothing and laundry accounted for almost half the cost. Visiting the GP was cheaper than a consultation with the hospital

Continued on PVIII ►



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◀ Continued from PVII

specialist, averaging £0.25 versus £12 over two months. Other expenditure included private complementary therapies for five patients.

The average NHS cost was £16.20 over two months and was higher in the under-twos and under-16s than in older patients (£18.72, £10.86 and £6.22 respectively); spending exceeded £100 for only two.

NHS costs were largely incurred by treatment, with emollients, bath additives and steroids accounting for 70 per cent of the total. GP consultations accounted for 30 per cent of spending versus 6 per cent by hospital consultants.

However, closer analysis of treatment for a sub-group of patients with severe eczema revealed a different story. Over two months, average spending totalled £415 and ranged up to £1,500 per patient. Two-thirds of the cost was consumed by inpatient care. The mean personal cost to these patients was £325, but, with loss of salary, amounted to £1,225 for one.

Extrapolating this data to the 2.3 per cent of the UK population with atopic eczema, the annual direct cost to the NHS would be £125 million; however, the cost to patients would be £297m and a further £465m in lost productivity. *British Journal of Dermatology* 1996;135: 20-23

Benzodiazepines and falls in the elderly

Falls are an important cause of morbidity in the elderly and may even precipitate a decline in health, culminating in loss of independence, institutional care and even death. Psychotropic drugs, including benzodiazepines, are an important contributory factor to falls. A prospective study from North America has now shown that some agents pose a greater risk than others and that the risk changes with time.

Linked health databases in Saskatchewan were used to compare admissions records for adults for whom a prescription for a benzodiazepine was dispensed between 1979 and 1986. Five agents accounted for 90 per cent of benzodiazepine use: the anxiolytics oxazepam, lorazepam and diazepam, and the hypnotics triazolam and flurazepam. Data on hospital admissions for the treatment

of injury related to a fall were compared with a group of matched controls who had not taken benzodiazepines.

After adjustment for age and sex, the hospitalisation rate among users of benzodiazepine hypnotics within the four weeks after the first prescription was 26.2 per 10,000. This was significantly higher than with anxiolytics (12.1) and both were greater than in unexposed controls (9). Surprisingly, the short-acting triazolam was associated with a greater risk of falls (odds ratio 2.7) compared with the anxiolytics (1.8-2.2). Whether this is because more falls happen at night or because patients taking hypnotics are more frail is unclear. More predictably, the long-acting flurazepam was associated with the highest risk of all (3.4).

Hospitalisation rates increased with age, reaching 127.8 per 10,000 with

hypnotics, 86.1 with anxiolytics and 33.3 in controls among the over-80s. Surprisingly, the risk of hospitalisation with benzodiazepine use was twice as great for men as for women but was increased in both groups by concurrent use of other psychotropic medication and excessive alcohol use.

The risk (odds ratio) of hospitalisation was greatest during the early days of treatment, reaching 3.6 for hypnotics and 2.6 for anxiolytics up to two weeks; 2.3 and 1.4 respectively between two and four weeks; and 1.4 and 1.1 thereafter. The authors say their study shows that many falls in the elderly are iatrogenic and, therefore, preventable; they stress there is an urgent need to develop alternatives to the benzodiazepines for this age group. *Age and Ageing* 1996;25:273-78

Streptokinase and stroke

Prompt treatment of myocardial infarction with thrombolysis reduces myocardial damage and lowers mortality with such success that procedures are now being implemented to deliver treatment as early as possible after the onset of symptoms. Prompted by this success, there have been many small studies of thrombolysis in the treatment of ischaemic stroke. However, no single study has been large enough to provide conclusive evidence about its efficacy. Now, a major European trial designed to resolve the doubts has been terminated prematurely.

Patients admitted with sudden-onset ischaemic stroke within six hours of developing symptoms were randomised to treatment with streptokinase or placebo, plus other interventions, which the participating centres would normally provide, such as

heparin and aspirin. By six months after randomisation, 80 per cent of patients had died or were severely disabled irrespective of treatment. However, deaths in hospital were significantly more common with streptokinase (34 versus 18 per cent), as was symptomatic cerebral haemorrhage (21 vs 3 per cent). The duration of hospital stay was similar in the two groups, though streptokinase recipients spent less time in rehabilitation units or nursing homes.

Streptokinase increased hospital mortality by transforming cerebral thrombosis into haemorrhage. Overall mortality was unchanged and survivors were less disabled, though the reasons why are unclear. This, the authors say, justifies a meta-analysis of existing data. *New England Journal of Medicine* 1996;335:145-50

The sumatriptan experience

The advent of sumatriptan for the relief of migraine was welcomed by neurologists and patients alike because it offered an alternative to the established, often unsatisfactory, treatments. Although its efficacy was not disputed, migraine recurrence and chest pain emerged as important problems after wider use. Now, a survey by neurologists from the Netherlands of the long-term experience of 453 patients puts these problems in a clinical perspective.

Migraine sufferers said they had used sumatriptan to treat a total of 28,000 attacks with and without aura for an average of 22 months. Just under one-third also used other medication and up to 41 per cent required more than one dose per attack, giving a mean number of doses per attack of 1.7. Headache relief was achieved in at least two-

thirds of all attacks in 80 per cent of patients using subcutaneous administration and in 75 per cent of those taking sumatriptan orally. Forty per cent reported headache (and aura) recurrence within three days (median 12-14 hours) in most of their attacks; this usually responded to a further dose, but in one-third of the patients studied the headache returned again.

A quarter of patients had stopped using sumatriptan due to adverse events (27 per cent with subcutaneous administration, 41 per cent with oral use), headache recurrence, inadequate efficacy or other reasons. *Neurology* 1996;47:46-51

Research Digest is a regular series, written by drug information specialist Steve Chaplin MRPharmS, looking at the current development in medicine



The Society's immediate past-president, Ann Lewis, and deputy secretary Philip Green revealed plans to take the New Age initiative forward. Congratulations were offered ...

On a New Age job well done



The Society's deputy secretary Philip Green

Most reaction at the BPC last Wednesday to the New Age initiative and the agenda for the next year was favourable. "An impressive document", "an ambitious and formidable agenda" and "it augurs well for the future" were among the comments.

The first major change to the practice of pharmacy as a result of the 'New Age' initiative will be a new remuneration structure, predicted Ian Caldwell, the Royal Pharmaceutical Society's president, last week.

This would be needed to underpin the other proposals, he told a discussion meeting following the launch of the 'New Horizon' document (last week p347). "I hope it happens soon," he said.

Mark Koziol, of the Community Pharmacists' Group, asked if this meant the Society intended to get involved in remuneration matters, to which the president gave an emphatic "no".

Peter Noyce, professor of pharmacy practice at Manchester, wondered how quickly the proposals would be put into practice, bearing in mind that ten years had elapsed since the Nuffield Report had put forward similar ideas.

The president admitted Council had agreed a "punishing" timetable. But he was more optimistic about implementing the 'New Age' agenda than he had been about the Nuffield Report. He had been involved in talks with the health secretary Stephen Dorrell and other professions, and "the vibes coming across are very positive".

Ann Lewis said many proposals in the Nuffield Report were in the 'New Age' plans. A major difference was that the membership had participated in the latest initiative. She thought Council was more aware of time limits than it was ten years ago and might have to decide on priorities, but the 'New Horizon' document outlined the key elements of a strategy.

What about CPD?

Some pharmacists wanted to know more about plans for mandatory continuing professional development (CPD). Mr Green said the 'New Horizon' was a Council document that had gone a step further towards making CPD mandatory, but the final decision rested with the Society.

ing them where necessary. If this was achieved, there might not be a shortage of pharmacists.

Alaster Rutherford, Bristol, said it had been exciting as a local co-ordinator to be closely involved in the 'New Age' discussions. It was important for Council to consider extending communication down to the membership level again, as he felt sure several points would need clarifying locally.

The president and Mr Green replied that the existing network of co-ordinators would be used to answer questions, and newsletters were being circulated to help them.

Professor James McElhay, the Queen's University of Belfast, wondered how Council would ensure funding to develop practice research. Would it mean an increase in the retention fee?

The president replied that the Society hoped to acquire external funding as there were limits to the amount the retention fee could be increased. Ms Lewis said there would be a planned programme to enable the Society to put in better bids, and Mr Green said there would be collaboration with industry and others to achieve common aims.

Consumers consulted

Professor Roger Walker, Gwent, was concerned that what the profession wanted to deliver was what society needed. Mr Caldwell and Ms Lewis assured him that consumer groups would be consulted and surveys carried out to ensure the right services were being offered.

When asked how the Society would inform the public about the value of these services, Mr Caldwell said the Society's public relations department was being strengthened. Ms Lewis said there was a need for a public affairs unit to react in a positive way rather than just responding to outside incidents.

While congratulating Council on an excellent document, Miall James, South Essex, wondered why there was a paragraph on dispensing doctors when the Society wanted to promote good relations with the medical profession and the matter was being dealt with elsewhere. It seemed to be unnecessarily divisive at a time when "you really want everyone on your side".

The president said the matter could not be ignored as many pharmacists felt very strongly about it. Mr Green said doctor dispensing had been cited as one of the major barriers to achieving co-operation with the medical profession, so the conflict had to be addressed. Ms Lewis said many doctors regretted the conflict as much as pharmacists and it was a chance to seek a dialogue.

When asked for the main PR message or slogan the Council would wish to put across, Ms Lewis said: "Maximising contribution." The Government wanted the profession to spell out how this could be done and doctors were looking for solutions to some of their own problems.

"I think we've got a great contribution to make. We've got to make sure other people feel the same way," she said.



RPSGB president Ian Caldwell discusses Dr Carina Livingstone's work on developing services information at the poster research session

CPG launches Gatekeeper initiative

The Community Pharmacists' Group has launched a new initiative, called 'Pharmacy – a New Gatekeeper to Healthcare'.

It aims to advance some of the principles within the 'Pharmacy in a New Age' initiative and "to define and substantiate" what can be done to promote the message to the public.

The initiative was launched at the Conference the day after the 'New Horizons' document was presented to delegates.

"We want to contribute to PIANA," said CPG committee member Mark Koziol. "The CPG is going to choose a bite-sized chunk. We want to show the whole rainbow effects of services, so that everyone can practise pharmacy with dignity."

The initiative's slogan was cho-

sen carefully, he said. 'Pharmacy' represents the premises and the profession, yet also incorporates those pharmacists who work in the community, but not from a pharmacy.

'Gatekeeper to Healthcare' would recognise that pharmacists have acted for some time in that capacity – like GPs and community nurses – but have often gone unrewarded.

The reason for the term 'New' is that the role has lacked definition. "We need to substantiate and prove our claims," said Mr Koziol. "We need to show we have a business case for community pharmacy."

The aim of the four-phase plan is "for pharmacy to carve itself a 'legitimate' niche", so that its message "can progress to the higher echelons of Government".

The first phase involves a questionnaire to provide information, such as how time is spent in community pharmacy. The CPG hopes to define all the roles that are currently provided within community pharmacy from this.

It then aims to generate more awareness among the public, before taking it to other healthcare professionals and ultimately to Government paymasters.

Some members of the audience thought 'gateway' would be a better term as it was 'inclusive'. 'Gatekeeper' suggested exclusion of access. Mr Koziol said that the 'gateway' term had been considered, but the committee had decided on 'Gatekeeper'.

Another criticism was that there was no empowerment in the slogan for the public to look after its health.

RPSGB deputy secretary Philip Green, who presented the 'New Horizons' initiative, thought that it would be possible for the CPG and Society initiatives to "live together".

Former Society president Ann Lewis believed that it was no longer possible to 'pigeon-hole' people into categories as there were "fuzzy" or "leaky" boundaries between the different sections within pharmacy.

The launch pack suggests traditional and additional 'Gatekeeper' roles. Among the traditional areas are ensuring patients know how to use their medicines and making active use of patient medication records.

Additional roles include active involvement in compliance issues and co-ordinated health education campaigns.

TB deaths on increase

Last year, more people died from tuberculosis than in any other year in history and 30 million will die in the next ten years if present trends continue.

This grim forecast came from Sir John Crofton, emeritus professor, Edinburgh University, and consultant to the World Health Organisation on tuberculosis, during Wednesday morning's symposium.

From the 1950s, the disease declined in developing countries, although there was little drop in the Third World. In the 1980s came HIV, which attacks protective cells, leading to an explosion of tuberculosis in African countries that is now spreading to Asia and South America. Increasing poverty, immigration and sometimes HIV have resulted in less dramatic rises in many developed countries.

More HIV positive patients die from tuberculosis than from any other disease, but good treatment prevents spread and gives them an average of two additional years of life, said Sir John.

One challenge would be to persuade governments that they had a grave national problem that could be dealt with cost-effectively. At present there was gross international underfunding. There was also a need to prevent multiple drug resistance by ensuring universal good treatment and trying to manage resistance resulting from previous bad treatment.

Optimistic times for NHS

All is not gloom and doom in the NHS, said Philip Hunt, director, National Association of Health Authorities and Trusts, during Wednesday afternoon's professional session. Although the service faced difficult challenges, they were not insurmountable, he believed.

One major cause for concern was the increasing demand for healthcare of the elderly. But the rise was foreseeable and financeable over the 35 years during which it would take place. This group was expected to increase demand for NHS resources at an average 0.7 per cent per year.

"This is significant, but is not inherently insupportable in the context of an economy growing at a rate of 2-3 per cent per annum," he said.

The development of minimal access surgery, which might be used for 70 per cent of operations within ten years, could also save money in the future through shorter hospital stays.

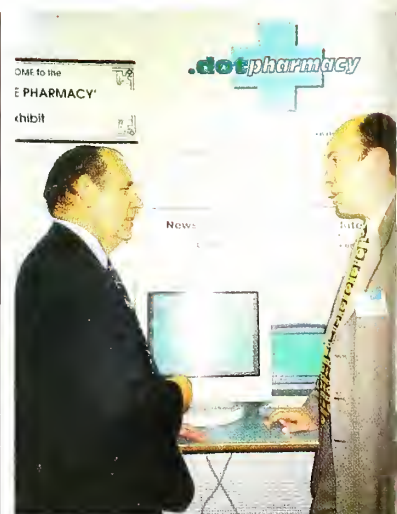
Despite spending much less of its gross domestic product (around 6 per cent) on healthcare than many other countries, the UK did remarkably well for the money, he said. The NHS had been subjected to the most intense drive to improve efficiency over the past five years and enormous amounts of money had been released for patient services.

"We must not let the NHS be pulled down, fuelled by alarmist propaganda from those who have an ideological base to their criti-

cisms of the NHS," he urged. "We have to persuade the politicians to trust and invest in the service."



The director of NAHAT, Philip Hunt



Chemist & Druggist publisher Ron Salmon shows the dotpharmacy Internet site to Numark's marketing director, David Wood, at the Pharmex exhibition



Pictured before the banquet are Dr Hugh Delargy, Anne Ambrose and Dr Mike Robertson of the Medicines Control Agency

Fast relief from the winter blues!

With the winter season fast approaching, so is the season for coughs and colds. Whatever their complaint, consumers will always be looking for a fast and effective way to remedy their ailments, so they can get on and enjoy the season. This presents an ideal opportunity for pharmacists to explain that aspirin is versatile, and can be used for a variety of complaints.

To help ensure that sales opportunities are maximised and that the advice they offer is correct pharmacists should ensure that their customers are fully aware of the benefits of taking aspirin to relieve a variety of complaints.

Aspro can help consumers to get through the winter months in a number of ways.

Winter coughs, colds and flu

It's estimated that over 20 per cent of the UK population suffer from either a cold or flu in any one week during the winter months and a large amount of time is lost from work and school because of absence due to colds.

There are over 100 cold viruses and three basic types of flu, which are transmitted via infected droplets being coughed or sneezed into the air, or by touch.

Symptoms may include:

- sore throat
- headache
- runny nose
- cough
- loss of appetite
- feeling hot and cold

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Aspro is highly effective in treating headaches, migraine, neuralgia, muscular, rheumatic, period and dental pains. It can relieve the symptoms of colds, influenza, sore throats and help to reduce temperature.

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Maximum Strength Aspro Clear is a powerful pain reliever, which contains the maximum single tablet dose of aspirin available from self-selection fixtures.

- lack of energy
- sneezing
- aches and pains.

Q What can Aspro do to help?

A The recommended dose of Aspro will help reduce a temperature and relieve headaches and muscular pains caused by colds and flu.

Stress and tension

There are many causes of stress and tension, including work pressures and demanding Christmas festivities. Stressful experiences can cause headaches. Headaches are an accepted part of everyday life, but they can be both debilitating and disruptive. In a recent survey of a cross-section of the adult community, 'Everyday Health Care', published by

the Proprietary Association of Great Britain, of the most commonly-reported ailments, headache was second only to tiredness, at 29 per cent and 35 per cent respectively. Tension headaches account for almost one-third of all symptoms for which self-medication is sought. No one wants the festive season to be ruined by headaches which can be easily dispelled.

Q What can Aspro do to help?

A Avoidance of trigger factors, such as noise and bright light, should reduce the occurrence of headaches. Relaxation can also help. A recommended dose of Aspro as early as possible, before a headache takes hold, can help to relieve pain.

Aches, pains, strains and sprains

Almost everyone has suffered from backache or muscular pain at some time in their lives. There are a number of factors which can trigger these aches and pains, such as lifting a heavy object or strenuous exercise. This type of pain is often aggravated in the winter by

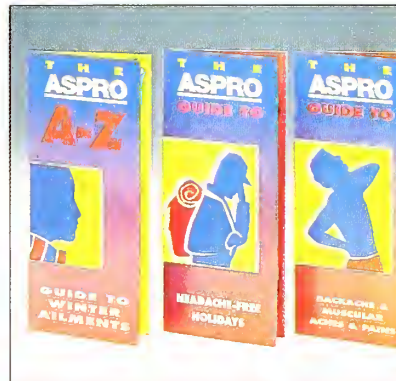
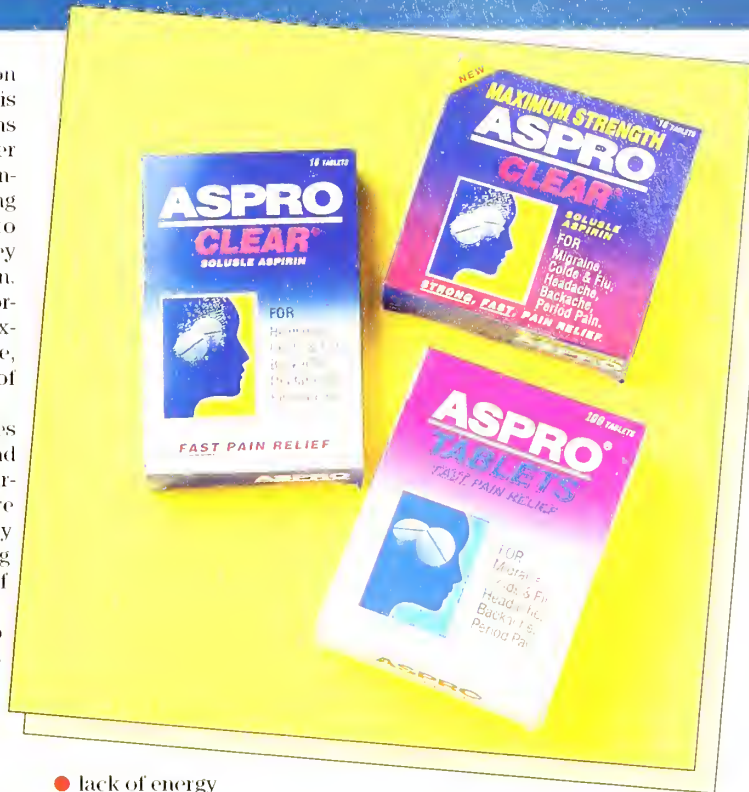
damp or cold and can make a serious difference to the quality of life. Period pain and toothache are also very common complaints and, at Christmas time especially, consumers will be looking for fast and effective relief.

Q What can Aspro do to help?

A A recommended dose of Aspro can help relieve pain in muscles, ligaments and joints. It is also useful for relieving period pain, as it reduces the levels of prostaglandins which cause the painful contractions.

So, with careful advice from the pharmacist, many consumers can find effective relief from their winter ailments.

'The Aspro A-Z Guide to Winter Ailments' is available for advice and information for your customers. There are two other leaflets available in the series: 'The Aspro Guide to Backache & Muscular Aches & Pains' and 'The Aspro Guide to Headache-Free Holidays'.



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- Lowers temperature and soothes sore throats
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CLEAR

Product Information

Aspro Clear Aspirin. Presentation: white circular tablets containing aspirin 300mg. **Uses:** symptomatic relief of headache, rheumatic, muscular or neurological pain, toothache, common cold, influenza and fever. **Dosage and administration:** Adult, including elderly persons: 2-3 tablets dissolved in water every four hours, as required, to a maximum of 12 tablets in any 24-hour period. Children: this product should not be given to children under 12, without medical advice. **Contra-indications, warnings, etc:** hypertension, active peptic ulceration, haemophilia and other bleeding disorders, hypersensitivity to aspirin. **Use in pregnancy and lactation:** may prolong labour and contribute to maternal and neonatal bleeding; breast-feeding is not recommended at high doses. **Side-effects and adverse reactions:** may precipitate bronchospasm and induce asthmatic attacks in susceptible subjects, and may induce gastro-intestinal haemorrhage. Use with caution in subjects with gout. **Prices:** *** Legal category: P/GSL. **Product licence number:** PL0031/0357. **Product licence holder:** Roche Consumer Health, 40 Broadwater Road, Welwyn Garden City, Hertfordshire AL7 3AY. **Aspro Tablets Aspirin. Presentation:** white circular tablets containing aspirin 320mg. **Uses:** as above. **Dosage and administration:** Adult, including elderly persons: 2-3 tablets every four hours, as required, to a maximum of 12 tablets in a 24-hour period. Not suitable for children under 12. **Contra-indications, warnings, etc:** As above. **Prices:** *** Legal category: P/GSL. **Product licence number:** PL0031/0356. **Product licence holder:** As above. **Maximum Strength Aspro Clear Aspirin. Presentation:** white circular tablets containing 500mg. **Uses:** As above. **Dosage and administration:** Adult, including elderly persons: 1-2 tablets dissolved in water every four hours to a maximum of eight tablets in any 24-hour period. Not suitable for children under 12. **Contra-indications, warnings, etc:** As above. **Prices:** *** Legal category: P/GSL. **Product licence number:** PL0031/0358. **Product licence holder:** As above.

Future vision

Information technology has the potential to be of "profound use" in the primary sector. It can give added value to the encounter between the pharmacist and the patient.

This was an idea contained in a lunchtime demonstration given by the Department of Health's chief pharmacist, Bryan Hartley.

He was giving the first public demonstration of 'A vision of the not too distant future ...' to a packed lecture theatre. It involved a large screen projection of an interactive computer screen set up to represent both a doctor's surgery and a community pharmacy.

Improved communication between health professionals, access to patient records, access to reference sources, cost recording, payments and stock ordering may all be possible through a nationwide NHS Net.

Mr Hartley believed that there were cultural and professional barriers that have to be overcome to use IT within the health service, especially fears of security and confidentiality. Current computing systems do not have the capacity to handle the information, he added.

The demonstration was intended to stimulate debate, and was only one of many possible ways forward, said Mr Hartley.

Bring on the 'drug therapists'

Pharmacists should be able to devise therapy regimens, said Community Pharmacists' Group chairman Nicola Gray.

She would like to see a letter from the GP saying what a patient's problem was, and asking for the pharmacist to devise a drug therapy and monitor it.

Ms Gray was speaking at a joint



Community Pharmacists' Group chairman Nicola Gray

session of the Hospital and Community Pharmacists' Groups at the Conference.

She compared pharmacists to other health professionals. "The pharmacist gets a very detailed letter from the doctor," she commented. Pharmacists are not even allowed to decide whether to give medicine in capsule or tablet form with a doctor's prescription.

However, a physiotherapist, when he or she receives a referral from a GP, does not expect to receive instructions on how many times the patient's limb is to be manipulated or at what angle.

Ms Gray believed that, in future, a small part of a pharmacist's time would be spent dispensing. Instead, most of the time would be spent on looking at the drug therapy, which would ease pressure on GPs.

Ms Gray listed other benefits to

the GP of pharmacist involvement in devising drug therapies, including:

- removing drug budget worries
- giving GPs more time with their patients
- reducing 'prescription expectation', where a patient expects a prescription every time they visit their GP
- reducing administration
- giving more measured outcomes.

"Pharmacists have the knowledge when they leave college, but if they don't use it, they will lose it," she said.

Ms Gray welcomed the term proposed by Professor Peter Noyce of Manchester - 'drug therapists'. She also suggested that the use of appropriate therapy guidelines would prevent pharmacists from being able to prescribe badly, as can happen with doctors.

A call for 'New Age' research

The only way for pharmacy to hold centre stage in policy-making is for it to be research-led.

This is due to pharmacists' lack of power. With the NHS committed to evidence-based health-care, research would allow direct communication with the policy advisers.

This was the opinion put forward by Nick Barber, professor of the practice of pharmacy at the School of Pharmacy, University of London, at his lecture entitled 'Pharmacy in a New Age: a research-led approach'.

Professor Barber explained that the profession did not have the power or influence of doctors or nurses. "People do not see us as front-line care providers without whom the NHS would collapse," he said. "By showing health needs and how we can meet them, we can demonstrate authority, and with that comes power. Research is a good way of doing this because it can be objective."

This was of benefit when the NHS was not prepared to invest in services that were not 'proven'. But it could be a two-edged sword, he warned. "Invested in properly, led by pharmacists, research can show our strength, but, if ignored, then it will work against us."

"If we do not invest in research to show the benefits of our involvement in managed care, we will lose it to nurses," he said. As there were limited finances available, pharmacy "will have to offer a superior service and show

this through research. The burden of proof is upon us".

Traditionally, professions have set standards by an august body deciding them, said the professor. "Unfortunately, these may end up little more than a wish list of ideal performance that no one can achieve, and immediately makes all practitioners substandard." This could lead to a widespread rejection of the standards.

To set standards for the profession, Professor Barber believed that useful standards needed to grow from practice. "Once there is a mechanism to lift and improve practice, standards can then be lifted higher."

However, he warned: "We must not think all research has to be applied to studies of new services. We neglect to study patients' need at our peril."

Pressure to have immediate solutions could cause embarrassment when quick fixes break down shortly after, he said. "It is worth working to get things right."

He proposed there should be investment in PhDs, "a very cost-effective type of investment", as these were the people who could attract money into pharmacy from sources such as the Medicines Research Council.

"The existing manpower and skill shortage in pharmacy, which will get worse, will also have an effect," he advised. "It gets harder to entice people into a research career when they can quickly earn big money in practice."

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Malaria therapy hope

Inhibition of proteases involved in haemoglobin degradation by the malaria parasite may hold the key to new antimalarials.

New quinolones, including bis-quinolones, may be developed which inhibit malaria, but which did not suffer from cross-resistance to chloroquine, said Robert Ridley of Pharma Division, Hoffman-La Roche, Switzerland.

Haemoglobin provides nutrition for the malarial parasite, which grows and replicates within erythrocytes. Haem is released in the breakdown of haemoglobin, but this can be toxic.

Parasites cannot break haem down but rely on it polymerising to prevent toxicity. Quinolones are thought to work by preventing this process.

Among products being considered as polymerising inhibitors are endoperoxide compounds based on artemisinin. This is derived from the herb *Artemisia annua*, traditionally used in Chinese medicine. Iron chelators, such as the hydroxypyridinones may also have a role if orally active and relatively non-toxic forms can be found.

A synthetic peptide vaccine, SPf66, is also being considered but this does not confer high enough levels of protection to warrant widescale use, said Dr Eleanor Riley of the University of Edinburgh.

However, she warned that if a vaccine is developed, malarial parasite have a capacity to evolve rapidly in the face of adverse circumstances. This may mean rapid resistance developing to vaccines.

She recommended that multi-valent vaccines, attacking different stages of the malarial life-cycle should be developed.

We're ready to talk



Pictured after the banquet are (l-r) BPC '96 organising committee secretary Dr James Johnson, guest of honour and minister of state at the Department of Social Services Lord Mackay of Ardbrecknish, and BPC '96 committee chairman and former president of the RPSGB Jim Bannerman

The health system is not making full use of the skills and training of graduates. This is a common view among the presidents of each of the health professions, according to Ian Caldwell, president of the Royal Pharmaceutical Society. "Every profession feels it can do more than it does today and do today's work better," he told guests at the Conference banquet held last Wednesday.

"The continuing failure to tap into the full potential of able and expensively-trained people comes close to squandering a national asset and denying the nation the full dividend of its investment," he told the audience, which included Lord Mackay of Ardbrecknish, minister of state at the Department of Social Services.

"If we are to change things, we have to talk to other people, to other health professionals and to Government," said Mr Caldwell. "It is one of the things that Con-

ference is all about – setting out our stall of goodies for the world to come and buy – and our stall has more and more to offer."

Members of the United Kingdom Interprofessional Group were aware of what pharmacy had done with the New Age initiative, he said. They were looking at how it would develop as each was convinced that the work of its members would be different next century.

"That could lead to turf wars – territorial disputes – unless we talk to one another and talk, not about carving up areas of expertise but, co-operating together to provide the public with what they have a right to expect from any profession," said the president.

He had been impressed by his visit to the International Pharmaceutical Conference (FIP) in Jerusalem the previous week. He had seen a whole spectrum of what pharmacy could do.

At one end, in Third World countries, "where both materials and expertise are at a premium, they have to take a pragmatic view of what we would consider professional boundaries just to provide the barest minimum of care", he said.

"The broad science training of the pharmacist makes them highly valued. Some of them perform the conventional role in cities, but many of them are used in health education programmes, disease control, and in what could be called clinical triage in remote areas – full use of a national asset."

He compared this to Canada, where the Provinces have found another way to get better value from pharmacies. "[Pharmacists] get paid for not supplying medicines – inappropriate or excessive medicines. This reduces drug induced admissions to hospitals and improves treatment response."

Rennie®

Understanding and spotting new indigestion occasions

It is widely known that stress, smoking and pregnancy can all lead to indigestion, as well as over-indulgence in food. But, as lives move at a more rapid pace, the changes in work and leisure can present themselves as new indigestion triggers.

Here, Dr Jay Herbert, medical director of Roche Consumer Health, looks at some new issues and trends that pharmacists should be aware of.

WORK

Part-time work – Many people are now working more variable hours. Whether it's restaurant shifts or a few mornings a week in an office, meal times are often disrupted. A person who is accustomed to a regular lunch break from 1-2pm may find that the next day, as they enjoy a late breakfast and a relaxing three-course lunch, that they suffer from a bout of indigestion because of the irregularity of their eating times.

EATING OUT

New licensing hours – As more pubs and restaurants extend their opening hours, so people are more likely to stay out longer and eat later – sometimes even just before going to bed. There is also an emerging trend for restaurants and cafes to serve food all day, so the temptation to snack in between meals or have a later or larger lunch is much higher, often causing indigestion.

Coping with foreign food – As people are more comfortable with a bigger selection of exotic food, they might think nothing of trying a hotter curry or a spicier stir-fry, but experimenting with new foods can cause havoc with digestion.

LEISURE ACTIVITIES

Sport frenzy – People are not only more active but are pursuing a wider range of sports – from aerobics to roller-blading. So it's not just the knowledgeable sports fanatics who take part. Someone who has recently taken up a sport may suffer from indigestion related to exercise simply through ignorance.

Multiplex cinemas – The new multiplex cinemas offer a huge choice of exciting foods. Nachos and hamburgers are replacing popcorn and sweets, again encouraging erratic eating and possible over-indulgence.

Sunday shopping – With more shops and supermarkets opening on Sundays, this can also alter the eating routine of those who have to work and those who choose to shop – sometimes even moving Sunday lunch to a late dinner. Digestive problems could occur, particularly if it's followed by an early start on Monday morning.

POINTS TO CONSIDER

- Try and familiarise yourself with your customers' working timetable. If they suffer from indigestion, suggest smaller meals at regular intervals.
- Consider your surroundings. If your pharmacy is in a parade of shops and restaurants, be prepared for customers visiting during the late afternoon. This is probably a quiet period of the day, so ensure there is someone on hand to offer advice.
- Be aware of sporting novices. Explain the dos and don'ts of exercise and eating.
- Ask questions about eating habits. Find out when they last ate and, more importantly, whether they had ever eaten it before.
- If a customer complains of an 'upset stomach', find out how regularly they eat exotic foods. If they continue to experiment with new and spicy foods, make sure they know the risk of indigestion is high. Recommend they have an indigestion remedy close at hand.



John Ferguson, left, secretary and registrar of the Royal Pharmaceutical Society, speaking with Alan Davidson, general secretary of FIP

Nurse practitioners – friend or foe?

The Royal College of Nursing has a target of 5,000 nurse practitioners by the end of the decade. There are currently 300 in-post.

There will be around 5,000 doctors retiring from general practice at the turn of the century. This, combined with the present shortfall in GP recruitment, offered "a window of opportunity" for nurse practitioners, said Mark Jones, a community health adviser at the RCN.

He described nurse practitioners as being able:

- to make professionally autonomous decisions

- to see patients with undiagnosed problems

- to diagnose and prescribe care or treatment.

Nurse prescribing had been identified by the RCN as an "obvious need" since the early 1980s, he said. Other professions had been unhappy about nurses being able to prescribe without any indication of qualification, so the rules currently restricted prescribing to district nurses and health visitors.

With little Government support, the measure was eventually voted through in a private members bill, said Mr Jones. The pri-

mary legislation recognised all nurses as being able to prescribe all prescription medicines.

"If we do want to push wider, we are only looking at changing secondary legislation," said Mr Jones.

The items in the current nurses' formulary were "pretty Mickey Mouse", he said. The RCN would like prescribing rights for all nurses and an expanded formulary.

Dorothy Graham, the vice president of the Pharmaceutical Society of Northern Ireland, questioned the nurse's role in supplying medicines direct to patients. Mr Jones said he did not

envisage nurses ever getting into a dispensing-type role, although he suggested there was a "middle road" in places such as family planning clinics.

"The RCN is against doctor dispensing. We would not want nurses going down that sort of road," he added.

RPSGB vice president Peter Curphey advised taking a long-term view. "Nurse prescribing is an enormous threat to pharmacy the way it is practised now. Total patient care means GPs, nurses and pharmacists should be allies, but until we act together we will be trampling all over each other."

P medicines – protectionism or a safeguard?

"Why are we potentially strangling ourselves by adopting customer-unfriendly procedures?" was one of the questions posed in a debate on P medicines.

Protocols may exist to satisfy the Consumers' Association and Society inspectors, rather than the patient, was one idea put forward by Dr Carl Martin, a self-employed research pharmacist and pharmacy facilitator from Colchester, Essex.

He was leading the discussion, having recently finished a study looking at consumer perspectives of buying medicines. This was now being considered by the Department of Health.

Dr Martin said that there was anecdotal evidence that patients were learning to give the 'correct response' to a pharmacist when asked how the product was to be used. For example, the doctor may be telling patients not to let the pharmacist know that hydrocortisone cream was being bought for use on the face.

Questioning may become a "verbal interrogation which is totally inappropriate", said Council member David Allen, who was chairing the session. "We should be thinking how we get information from the patient," he added.

Dr Martin asked if pharmacists were still expecting too much of customers. The public may need educating further so that they were not surprised by the questioning. They may also need a longer lead-in time to familiarise themselves with a product, he said.

There was also an assumption that protocols would solve problems, suggested one member of the audience. This was where professionalism went beyond protocols, suggested another.

"If we don't get into the business of demonstrating our added value, we may be accused of protectionism," said Dr Martin. There may be pressure to remove the P category, which did not exist in legislation, if pharmacists did not support products in the category.

It was suggested that talk of sales being lower than anticipated was coming from the manufacturers, and not pharmacists. This could be because pharmacists were not there to promote a P medicine. Protocols may also indicate that the patient would be better suited with no product.

Patients may be leaving pharmacies with products that may be less effective than more expensive medicines because



At the conference club: Amanda King of the Society's public relations department winds up Roger Odd, head of practice, for his next public appearance on behalf of the Royal Pharmaceutical Society

they could not afford the more appropriate medicine.

Pharmacists should be more prepared to accept the judgments made by the Medicines Control Agency and the Committee of Safety of Medicines recommendations that products were safe enough to be sold without prescription.

"I appreciate the concern of pharmacists, but we will do ourselves no favours if we say a product is less safe than the CSM or MCA say it is," said Council member Marshall Davies.

Dr Martin suggested that some pharmacists may consider the strengths of deregulated medicines to be too low to be of use. The need for clinical trials for ex-

POM medicines was questioned. Some of the audience thought that monitoring was needed for products released over the counter. Others felt that the data collected while the medicine was Prescription only (and at generally higher doses) should be sufficient for OTC sales.

Although current technology allowed patient medication records to be kept for OTC sales, time factors were a great restraint. Moss Chemists' managing director, Barry Andrews, said that IT should be a facilitator, not a barrier. Dr Martin recommended that OTC PMRs should be kept as a way of recording pharmacists' contribution to customers' healthcare.

Unichem growing stronger



Jeff Harris, CEO of Unichem

The firm's wholesale division increased its operating profits by 13.2 per cent to \$19.103m, compared with the same period last year. This reflected the efficiency gains that came from the warehouse restructuring programme, which was completed last year.

The division's turnover rose 2.1 per cent to \$645.677m; and like for like sales of prescription pharmaceuticals rose 4 per cent. Unichem says the relatively lacklustre growth reflects the business it lost when its centralised OTC depot, set-up last year, developed operational difficulties.

However, the company says the wholesale division has overcome these difficulties and has begun a number of marketing

schemes to win back business. Like for like sales towards the end of the first half were said to be strong.

Its wholesale trading margins are said to have grown in the first half, despite cut-price competition from other wholesalers. Unichem expects the margins to continue to grow into the third quarter.

A number of new schemes for pharmacists are expected to be launched over the next 12 months.

Meanwhile, Unidrug Distribution Group, the pre-wholesale joint venture between Unichem and United Drug, has signed a deal to handle all of Bristol-Myers Squibb's UK and Irish medical business starting in December.

Unichem has appointed Dr Jim Stewart, formerly managing director of Ciba Pharmaceuticals, as non-executive chairman of UDG. Dr Stewart will take his post at the beginning of next month.

On the retail side, Moss Chemists has performed impressively, with its turnover up 25.3 per cent to \$117.855m, and operating profit up 33.6 per cent to \$6.9m. Its operating margin rose 0.37 percentage points to 5.9 per cent, compared with the same period last year.

Moss' like for like sales of pre-

scription pharmaceuticals grew 7.4 per cent. The chain says the market for these products has been erratic over the period, with the growth of monthly sales ranging from 15 per cent to 1 per cent. The slump was caused by the fall-off in prescription numbers at the end of the Government's fiscal year. Moss says sales of prescription pharmaceuticals have grown an average 7 per cent during six months and are expected to maintain that rate in the third quarter.

The chain's sales of OTC products also rose 7 per cent.

Moss has acquired or agreed to acquire another 40 pharmacies, which should bring its total strength to 461 stores.

Besides established pharmaceutical lines, Moss is also moving into a limited range of quality prescription spectacles at relatively discount prices. Having completed a trial period for the spectacles, the chain is introducing them to about 400 stores.

It is also paying more attention to staff training and, consequently, has appointed Caryl Webb to the newly-created post of director of training. Ms Webb was previously Moss' director of operations.

Unichem's Portuguese wholesale division saw its turnover rise 10.4 per cent to \$44.31m, while its operating profits grew 28 per cent to \$1.1m.

United Norwest Co-op installs in-store pharmacies in NW

United Norwest Co-op Health Care is putting pharmacies in some of its larger stores in the North Midlands and North West.

Within a fortnight, a pharmacy in Partington, near Manchester, will be transferred to United Norwest's nearby Late Shop.

While the pharmacy will be open during conventional hours, C&D understands that United Norwest is prepared to introduce longer hours for those in Late Shops.

The Co-op chain is planning to add 40 Late Shops to the 160 it has and says it will introduce more in-store pharmacies when it can.

Geoff Flint, the Co-op group's healthcare controller, says an in-store pharmacy has been operating successfully for some time in a Co-op convenience store in Newcastle-under-Lyme.

Agfa offers premium photographic service

Colorama and Agfa are targeting 400 independent retailers, including pharmacists, around England and Northern Ireland to become members of a special photographic franchise, called the Colorama Premier Club.

Agfa says the club allies Colorama's service with its own quality film and processing equipment.

Members can use the film manufacturer's Mega Print service, which develops 7 x 5in prints within 24 hours. Retailers can also offer extra sets at rates that are said to be competitive.

They will also be able to offer Agfa's new Index Print service for 35mm D&P. This prints all the images of one film on a single sheet, enabling customers to

choose easily which reprints they want. All the prints are numbered and dated.

Other incentives include national promotions at Christmas and summer, half-price or free film offers for branded film, demographic profiling to gauge growth opportunities, customer loyalty cards, special fascias and a host of point of sale material.

Agfa says the emphasis will not be on offering the cheapest possible prints. Its research suggests that, with so many High Street retailers competing on price, customers are prepared to pay extra for quality prints and service.

The scheme will be not be open to retailers west of Bristol/Taunton.

Bayer and Roche in US OTC joint venture

Bayer and Roche have agreed to set up a joint venture to market several OTC products in the US.

Subject to approval of the relevant supervisory bodies, the joint venture will combine the partners' US analgesics businesses – except for Bayer's Aspirin – and women's health products.

Brands to be marketed include Bayer's Actron and Vanquish analgesics, Midol menstrual pain reliever and Myselex-7 vaginal yeast infection treatment, plus Roche's Aleve analgesic and Femstat 3 vaginal yeast infection treatment.

Bayer has left out Alka-Seltzer, Alka-Seltzer Plus and One-A-Day, and its Flintstones vitamins.

Bayer says it aims to move into the number three slot among the top US OTC players. Roche, meanwhile, says the joint venture will improve the market penetration of Aleve and Femstat 3, which have been marketed in the US by Procter & Gamble.

Boots leads profit margin league table

Boots the Chemists has by far the highest pre-tax profit margins of all major pharmacy chains, according to 'Business Ratio Plus - Retail & Wholesale Chemists', a report by business researcher ICC Business Publications.

During the year to July, 1995, Boots' pre-tax profit margin was 8.5 per cent, more than twice that of its nearest rival, Unichem. The gap between Boots' margin and Unichem's was as wide during the previous two financial years.

In contrast, Lloyds Retail Chemists' pre-tax profit margin of 13.1 per cent placed it top of the major chains in the year to July, 1994, but the company slipped to seventh with 2.5 per cent a year later. That of Lloyds Chemists fell from 6.2 per cent to 3.9 per cent during the same periods.

However, A Miller, a Midlothian-based subsidiary of Lloyds Chemists, had the highest pre-tax profit margins of all pharmacies, with 9.7 per cent for the year to July, 1995. It was followed closely by T S McNee, based in West Lothian, with 9.1 per cent. Boots was third.

Out of the UK's top 54 pharma-

cies, Green Pharmacies had the lowest pre-tax profit margins with -14 per cent (the chain had a pre-tax profit loss of \$577,000 on a turnover of \$4.136 million for the year to July, 1995).

ICC says the average pre-tax profit margin was 3.7 per cent for the year to July, 1995. The figure is based on the margins of 54 leading pharmacies listed in its league table.

The average profitability of pharmacies is falling due to increased competition from supermarkets and out of town stores, it adds.

Meanwhile, Lloyds Pharmaceuticals had the highest profit margins - 57.9 per cent - out of 66 top pharmaceutical wholesalers and suppliers for the year to July, 1995. The company, a subsidiary of Reckitt & Colman, was three times as 'profitable' as its nearest rival, Oldham-based Seton Products.

'Business Ratio Plus - Retail & Wholesale Chemists', price £249 (plus \$3.45 p&p), ICC Business Publications, Field House, 72 Oldfield Road, Hampton, Middlesex TW12 2HQ. Tel: 0181 783 0922.



Scotia shares slump after drug delay announcement

Scotia, the UK's second largest biotech company, has lost nearly 10 per cent of its share value since it implied that approval for one of its drugs could be delayed.

It recently said the Department of Health would decide about a product licence for Tarabetic (EF4), a diabetic neuropathy drug, within the next six months. The company had been expecting an approval by year end.

Following the news, shares fell 11p to 692.5p. They had slipped a further 27.5p to 665p by the beginning of this week.

Meanwhile, Scotia's operating income rose 12 per cent to \$10.9 million for the six months to June. But the company's R&D costs rose 14 per cent to \$8.4m, which led to a loss of \$7m, up 32 per cent on its loss during the same period last year.

On the R&D front, the company is applying its Lipidteknik technology throughout its portfolio of products, and says the move will extend the products' patent protection until 2014.

A treatment of pancreatic cancer, EF13, has completed the first part of its Phase III trial programme. EF27, which seeks to reduce the side-effects of radiotherapy, has finished its regulatory tests. The company says it is talking with European and national regulatory authorities to determine the best route of application for the drug.

Phase II and III trials continue in the UK, Europe, the US and in Asia for Foscan (EF9), a second-generation photodynamic therapy for early-stage cancers.

Scotia recently opened a \$6m plant in Callanish, Scotland.

Smithkline spends £6.2m on Irish plant

Smithkline Beecham is investing \$6.2 million in machinery and facilities at its Dungarvan plant in County Waterford, Ireland.

The company had also injected \$6.2m to expand the plant last year as it wants it to be a European manufacturing centre for high-volume OTC products, such as Panadol, Coldrex and Hedex.

SB says its latest investment will finance a state of the art granulation suite to produce a series of brands, including Solpadeine Soluble, Panadol Soluble and Panadol Extra Soluble.

Both projects are due to be completed at the end of next year, and they will create about 70 jobs over the next two years.

● The Swedish Medical Products Agency has approved carvedilol, a treatment of congestive heart failure. In the US, where carvedilol is trademarked as Coreg, it is being developed jointly by SB and Boehringer Mannheim.

'Open Boots on Sunday' call

Some shoppers wish they could shop at Boots on a Sunday, according to a Sunday trading report by Healey & Baker Research Services.

Respondents were asked which retailers, currently not open on Sunday, they would most like to visit. Six per cent chose Boots, which came second to Marks & Spencer (12 per cent). [Around 160 Boots' stores open on Sunday, but the numbers fluctuate due to seasonal factors.]

While Marks & Spencer was the favourite choice in most regions, Boots came top in the West Midlands.

Fifty-three per cent say they do not want to visit any retailer that is not already open on Sunday.

The report finds that shoppers aged 25-44 are more likely to shop frequently on a Sunday. However, 45 per cent of respondents say they never shop on a Sunday, up three percentage points on last year's figure.

Men are more likely to shop on a Sunday than women, as are shoppers with a car and children in the household.

Sunday shopping was most popular in south east England, East Anglia, West Midlands and London. It attracted fewer shoppers in south west England and the North.

Most Sunday shoppers buy food, DIY, gardening products, household items and clothes.

COMING EVENTS

TUESDAY, SEPTEMBER 24

Slough Branch, RPSGB

John Lister Postgraduate Medical Centre, Wexham Park Hospital, Slough, 7.15 for 8.00pm. 'This house believes that legalisation of all drugs would be in the best interests of society'. Sponsored by Rosemont Pharmaceutical.

Oxfordshire Branch, RPSGB

St Edmund Hall, 8.00pm. Cheese and wine evening.

West Hertfordshire Branch, RPSGB

BUPA Hospital, Harpenden, 8.00pm. 'Parkinson's disease, the patient, the nurse and the pharmacist' by Jane Stewart, Parkinson's disease nurse consultant.

WEDNESDAY, SEPTEMBER 25

South Staffordshire Branch, RPSGB

Burton Bridge Brewery, Burton, 7.45pm. Annual skillers challenge versus Derby Branch.

Ayrshire Branch, RPSGB

Piersland House Hotel, Troon, 8.00pm. 'BSE/CJD' by Dr W Creaney, consultant psychiatrist, Ailsa Hospital. Sponsor: Lilly Psychiatry.

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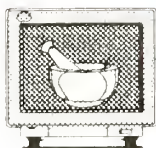
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EXCESS STOCK CAUTION

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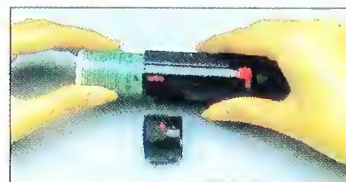
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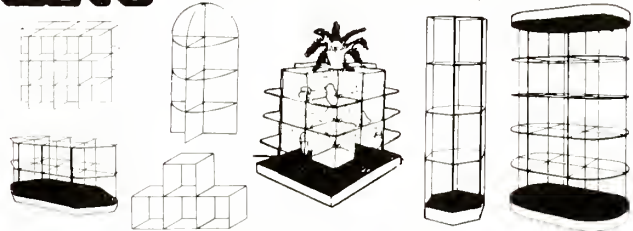
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ABOUT people

Ram-raiders target Welsh pharmacy

Ram-raiders were unsuccessful when they made an attempt on a Cardiff pharmacy.

The thieves, who targeted the Tudor Thomas Pharmacy in Penylan, Cardiff, at the end of August "randomly grabbed" at medicines in the dispensary. However, they only made off with some frusemide and Losec, says owner Mr Thomas. These were found two hours later in the abandoned car.

Mr Thomas says the raiders tried smashing the door, but this has bars and an iron frame. Instead, it was the window that gave way.

"It's about time they realised that what they want is locked up," he says. "It's just wanton destruction." The glazier called out to the pharmacy said it was the first ram-raid he had seen in two years.

"Ram-raids are not too much of a problem," says a National Pharmaceutical Association spokeswoman. Councils are allowing bollards and shutters to be erected, and shop owners are getting wise to the problem, she says.



Three boxes of Complan may be the answer to the question 'What's on TV tonight?' in Raymond Hall's Pharmacy. Mr Hall (left) of Hull was presented with the television as the winner of a Complan window display competition. His assistant, Yvonne Cockerill, helped design and build the display. Presenting the prize is Michael White, the local Heinz representative.

Whinnying over the customers



A 'health centre' for humans and animals, including a pharmacy, has been established at the annual Burghley Horse Trials.

For the sixth year running, Judith Lawson has set up a satellite pharmacy to her Stamford, Lincolnshire, shop at the show. At this year's event, held two weeks ago, she was sited next to the veterinary surgeon's centre, the Red Cross and a GP 'surgery'.

Mrs Lawson has to apply annually to register the temporary pharmacy (and pay the full fee), which is inspected by a Royal Pharmaceutical Society inspector. This year, UniChem provided signs and stands for the stall.

"These are the nicest four days of the year - we are really valued by the public," says Mrs Lawson. A pharmacist is on hand at all times, and some 2,000 customers visited the stall.

In terms of stock, Mrs Lawson tries to provide a wide variety of OTC medicines. "I think we have everything, but every year we get a request for something new."

Although she does not stock horse pills at the pharmacy, she has been known to provide the vet with eye drops for his charges. Similarly, she says, it is not unknown for human patients to leave the vet sporting a red horse bandage.

In the bleak midwinter

As winter draws near, pharmacist John Allen is anticipating a doubling of business.

This will not come from a flu epidemic, but adverse weather conditions. For Mr Allen is leader of the Cairngorm Mountain Rescue Team, based in Aviemore. His 'customers' will be the 25 or so people who go missing or need

assistance coming off the mountain each winter.

Mr Allen, a Vantage member and owner of four pharmacies from Kingussie to Aberdeen, has been a member of the team since 1972. He was made leader in 1988 and has responsibility for co-ordinating 38 other team members, who are on-call 24 hours a day.



APPOINTMENTS

Maureen Devlin, customer manager for Glaxo Wellcome UK, is to spend 12 months with the National Primary Care Research & Development Centre which is based at Manchester University.

Heather Trimbell has been appointed as pharmaceutical consultant to Fife Health Board. Ms Trimbell was previously chief pharmacist for Camden & Islington community services NHS in north London.

Julie Ebrey-Wales has been made MAM (UK) national sales manager with immediate effect.

The Cosmetic Toiletry & Perfumery Association has welcomed **Joan Thomas** as its new head of technical services.

Dr Francoise Varet has been appointed assistant director general of the World Health Organisation with immediate effect.



A day out at Alton Towers has led to a family holiday in Florida for pharmacist **Nigel Penney** of Nuneaton, Warwickshire. He took first prize in UniChem's 'Winners in Healthcare' promotion at a trade show in June. He was presented with the vouchers by local UniChem area development manager **Chris Moore**.



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